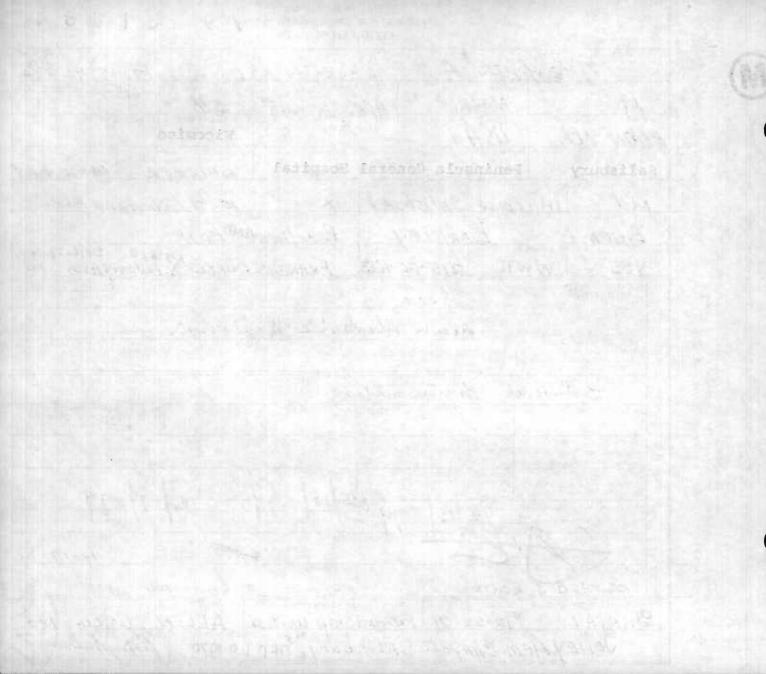
25 6 6

23037

Salisbury Penimula Comoral Homeital

IVON

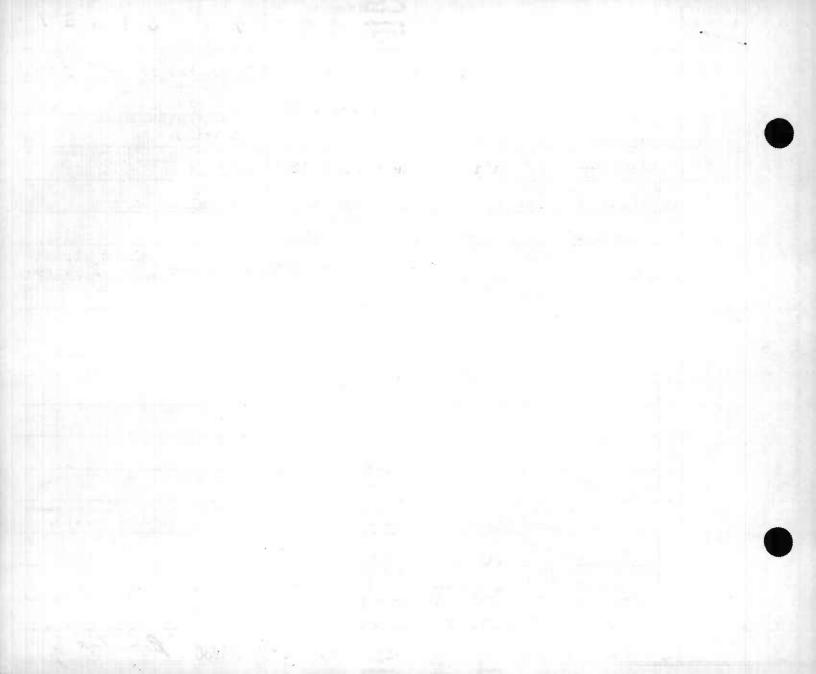


	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9	3 8 8 5
M	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	16.110011
P P	3. SE	Nan Nan	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE 1 IN YEARS LAST BIRTHDAY)	16.479
F F		F	W	6-20-93	86	YRS.
72 hou	7a. Bi	RTHPLACE (STATE OR FOREIGN) OUNTRY) Varvland	Th CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
filed within	10 C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS C
must be	USU:	Warvland Some	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE AGMISSION	13e. STREET ADDRESS	×
2221		John	Bridde		MIDDLE	Mills
medico		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SEC WAR OR DATES) 217-03	-7189 Mrs. Paul	Carey, Sali	sylvania Aye. sbury,Maryland
anpapers remaval.		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), a BY: CAUSE (a) Care	1 1		APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
notion, or r troumotic		Canditions, if any, which	DUE TO, OR AS A CONSEOL	C.V.D.		yrs.
other		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	JENCE OF		T T
njury, or	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a)
in fuo smo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
tental Hygiene Hem 18 shaws	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D	PAY YEAR 19	RRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
olth and Me marked or I	MEO	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use of Healt		22a.1 certify that (1) (this haspite saw the deceased alive pn_ abave, (1) (we) (did) (did not	19		, ta, ta death accurred on the date or	nd haur and fram the causes stated
letoched ste Dept T. If frem		226 SIGNATURE	transe m. D.	DE GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12. DATE SIGNED 12-30-79
TO FUNERAL should be detrained by the State IMPORTANT.		Joseph C. F	Fitzgerald Mil	Medical (E)	iter Salisbur	ry, Maryland
43 3	23a 8	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY anokin Bresbute:	23d LOCATION CITYORTOWN rian Princes	county Maryland s Anne; Somerse
14 204	24/19	JNERAL DIRECTOR	, , , , , , , , , , , , , , , , , , ,	250. DA	TE REC'D. BY REGISTRAR 256. R	



of the second se The state of the s Alternative the control of the contr AND AND THE PARTY OF THE PARTY AND THE RESIDENCE OF THE PARTY OF THE PARTY

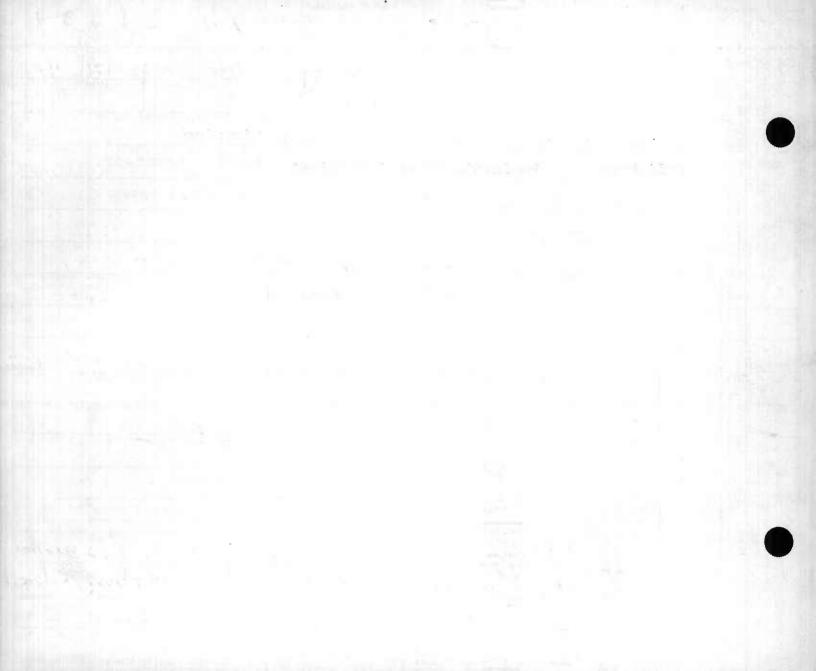
- 1					UF MAKTLAND			400.00		0 13
	1-	FOR STATE REGISTRAR			EALTH AND MENTAL H	YGIENE 7	9 REG. NO	3	8	8 /
		EASED NAME FIRST	MIDDLE		AST	2a DATE OF			DAY YEAR	2b. HOUR
- 1	(TYPE	Arthu	ır W.	Bu'L	ingham	0000	mbe	11 10	1999	2:05 0
-	3 SE)		4 RACE		OF BIRTH		EARS LAST BIRTH		IF UNDER 1 YEA	
	027	mal.		MONTI	DAY YEAR	7.52 (MONTHS DAY	
ŀ	Za Bil	RTHPLACE (STATE OR FOREIGN	white	Aug	19, 1892	A BALTIMO	87 RECITY OF	YRS	OFDEATH	
1	CC	DUNTRY)		MARRIE	D NEVER MARRIED		omico		OFDEATH	
ļ	M	aryland	USA	WIDOWE						MC
ı			11. NAME OF HOSPITAL	L, NURSING HOME (GIVE STREET ADDRESS)	al Hospita	TYPE OF WOR	OCCUPATION FOR MOST OF	WORKING LIF	E) INDUSTR	OF BUSINESS OR
1		alisbury			al Hospita	- reti	red	Poli	ce Ch	eif
1	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF TATE	OR OTHER INSTITUTION, GIVE RESIDENTY	ENCE BEFORE ADMISSION) OR TOWN	134 INSIDE CITY LIMITS	13e STREET	ADDRESS			
,	Ma	ryland Wor		omoke	YES TO NO	504	Waln	ut S	treet	
I	14. FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN I	NAME	MIDDLE			
		Charles		tingham	Daise	V	MIDDLE		Stu	rgis
Ť		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	<u>/</u>	ADDRES	S TATO		Street
ı	(4	es, no or unknown) (IF YES, GR	VE WAR OR DATES) 214	1-34-5043	Edna Bri	ttingha			ke Ci	tv. Md.
F		18 CAUSE OF DEATH (Enter o	nly one couse per line for the					O QIII O		OXIMATE INTERVAL N ONSET AND DEATH
l		PART I. DEATH WAS CAUS	ED BY.	mocardial	Industron				BETWEE	NONSEI AND DEATH
I		11/ / IMMEDIA	,	7)	To Court					
ı		Condition the second	DUE TO, OR AS A CO	ONSEQUENCE OF	V					
ı		Conditions, if any, which gove rise to immediate	(b)						_	
1		cause 101, stating the underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF						
ı			(c)							
Į	Z	PART 2 OTHER SIGNIFICANT		TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E OR COND	ITION GIV	EN IN PART	(0)
1	ATK	19a DATE OF OPERATION		R WHICH OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?	20b. 1F YES	, WERE FIND	INGS USED
1	IFIC	U		V				IN CERTIF	YING CAUSE	S OF DEATH?
1	CERTIFICATION	21a ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	,	21c. HOW INJURY OCC	YES URRED (ENTER NA	TURE OF INJURY		S OR PART 2)	но 🗆
	-	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO	NTH DAY YEAR						
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d, INJURY OCCURRED	P.M. 21e PLACE OF INJUR	19	211 LOCATION					,
ı	ME	WHILE CO NOT WHILE CO	(AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	٧	COUNTY	STATE
l				101	10/05		staat		A R	
		220.1 certify that (I) (this hose	10/00	06	19	, 10	4 27		19	, that (I) (see) lost
ı			off view the body ofter dea	ith.	nd that in (my) (aut) apini	on death occurre	d on the do	te and hou		
ł		22b. SIGNATURE	α	S An	DEGREE		CTAF		22c. DAT	E SIGNED
	1	1 James	awenu	de 11	ATTENDING		PHYSICI	AN	12	129 79
]		226. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS					
1		KODNEY	A. WEN	RICH	I KAY A	VE. S	SALIS	5BUF	zy p	rd.
Ť	23a B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATOR	23d LOCA	ATION		COUNTY	STATE
	(5	Burial	12/31/7	9 First	Baptist C			ce Wa	rcest	
Ì	24 FL	INERAL DIRECTOR		DORESS	25a. C	ATE REC'D. BY R	EGISTRAR 2	Sh. RECHET	RAR'S SIGNA	ATURE
	5	co45. Mel			v. Md.	IAN 31	980 i	per.	The Marie	The against
Ŀ	-				4	· · · · · ·	7.77			



STEP STEP BRITISH WAS A STEP OF THE STEP O BUNDARD IN man the same and several

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

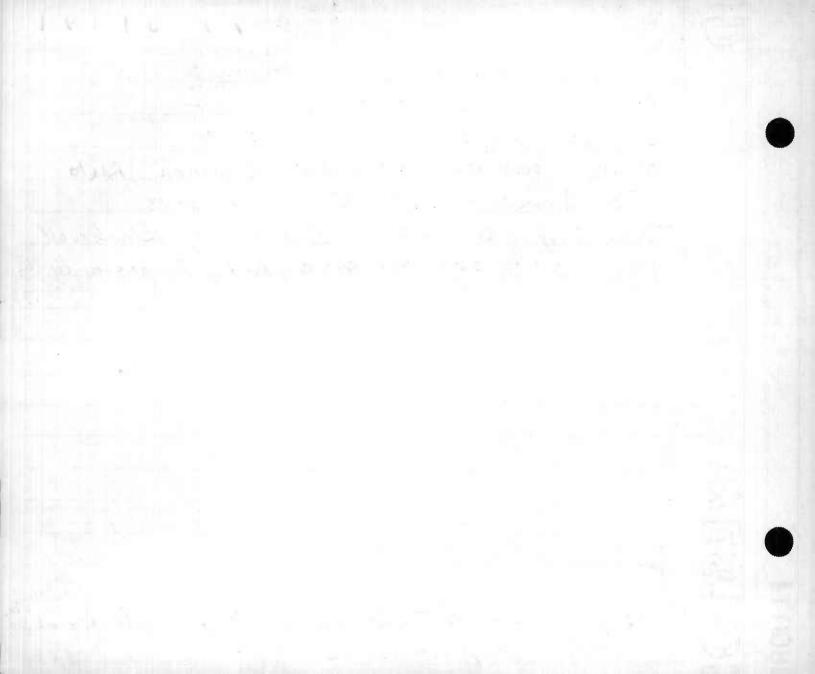
FOR



1.	FOR STAT			AAI		STA MENT OF EXAMIN	HEALTH		NTAL H			3	-1	8	9	0
£T.		SED NAME	ROBER		MIDDLE	EXAMIL	L	AST NELL	AIEO		o. DATE K	REG. NO	MONTH	DAY	YEAR	2b. HOUR
W Neeston Street,	EX [a]		RACE White	S. DATE OF BIRTH	1 YEAR	6. AGE (IN YE.	ARS IF UN	DER 1 YR. I	F UNDER		C DATE		MONTH -16-	-79	YEAR	2d. HOUR 2:10
70.1	BIRT.HE	PLACE (STATE COUNTRY)		7b. CITIZEN OF W	/HAT COU	41	0	D NEVI	ER MARRII	ED 🛄		RECITYO	R COUNT	1	9	
ID C	CITYO	R TOWN O		11. NAME OF HO	CDITAL NII	JRSING HOME STREET ADDRESS) Genera	OBOTHE	D INICTIZIUE	1401	120. USUA FOR MC		TION (TYPE			OF BUSTR	Υ
13a.	STATE	Md.	IN NURSING HOME	or other institution, only coster	SIVE RESIDENC	E BEFORE ADMISSING OR TOWN	lle	13d. INSIDE CITY YES 🗌	Y LIMITS?	13e. STREI	T ADDRES		35			
7		R'S NAME FIRST Harc	ld Bur	mell		LAST		15. MOTHER	Un	N NAME	n MID			LA	ST	
2 160.	yes, No	S UNKNOW		uar or dates)	218	-16-6		Joan		hols	В	alti:	more			
		CAUSE OF PART I DEA	TH WAS CAUSE	TE CAUSE (a)	Frac	tured		ll wi	th I			ial	•	BETWE	day	AND DEATH
7	6	gave rise	if any, which ta immediate ating the under last.	(b)		NSEQUENCE (101101	THAK		-5	uay	3
ATION		DATE OF C		CONTRIBUTING TO DEAT		ATED TO THE TERM				RT 1 (o),						
MEDICAL CERTIFICATION	210		CAUSE WAS					W INJURY O		D	71105 05 11111			YE	TOPSY?	NO K
SICAL C	UNICO		OR CAUSE OF		MONTH MONTH M. OF INJURY			river								
WE					CTORY, FARM,			ens N					ille	, W	or.	over, Md
3		22a. I certify ath resulted		ge af the remains de Pal causes .	Accident		Autapsy icide	Hamicio			Inquiry mined man		d in my ap	oinian		
2 230.	SIG	NATURE	1	16	V	_	M.I	Dep	uty	MEDIC	AL EXAMI	NER	DATE	12	-17	-7 9
230.	BURIA	MINER'S N PE OR PRINT	ON REMOVAL	L. Roy	23c.	M.D.	AETERY OR	TO THE OUT		23d. LOC		Θ.,	Sali	sbu	ry,	Md.
	FUNER	Buria RAL DIRECTO		12-19-7 P.O	. Bo.	x 160		2	50. DATE R	Gre	ensb	25b. REGE				d.

odlecol# X entitle description in the description of the land of the land. RE not if you william williams . resusonous ... nwonita Liegani Liegani Liegani plate anominate. The street Mississ and the street and ages and some the state and the resultant North Pion 210 her butte to maring The Sell Woods T. .bli..on, Lamberteffell ... Staffer england .to Shoot T reportungs to the first th .lxhortfoirt candige an variety and relative to the law to

	1	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 7 9	3 8 9
erför, Pege 3 nn ofter deoth		CEASED NAME FIRST CORPRINTS OAN X Male	Shoppend inhite	DUNTING JA S DATE OF BIRTH MONTH DAY 7-19-19-19-19	DATE OF DEATH	MONTH DAY YEAR 2b, HOUR J
funeral du dat sec	· ·	IRTHPLACE (STATE OR FOREIGN OUNTRY) Urg/n(a) ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED		R COUNTY OF DEATH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	alisbury	Peninsula Gene	eral Hospital	SOLES M	F WORKING LIFE) INDUSTRY
hould be a second	130.	Va. Vice	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE A NTY I 131. CITY OR TOWN EMACK Temperatus	results YES P NO	130. STREET ADDRESS	+ 13.
ond 2 s	14 F	John She	MIDDLE BRIDGES.	Sh Is MOTHER'S MAIDEN NAM	MIDDLE	Blackwell
Poges 1	16a	MAS DECEASED EVER IN U.S. AN YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	17 NO. 17 INFORMANT G34 MAS MUDA	ADDRE	SS
s been signed by the remit. Then please respected to buriol, cremits only injury, or other	CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART I(a) 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
hysician icose has ronsit pe Hygiene 18 shaws	ERTE	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRE	YES NO	YES NO
ding physicion is certificate has been burial-transit permit. I Mental Hygiene prior them 18 shaws any ii		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY	YEAR	ED (ENTER NATURE OF INJUI	(T IN HEM 18, PART) OR PART 2)
ond ond ked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	M, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STA
TOR: A for use of Heal		saw the deceased alive or	ital) ottended the deceosed from 12 20 19	12/12/19/19/19/19/19/19/19/19/19/19/19/19/19/	eoth occurred on the de	, 19 74 , that (1) (we ate and hour and from the causes state
		226. SIGNATURE	m ~	DEGREE ATTENDING PHYSICIAN W	MEDICAL STAI	220. DATE SIGNED 12/21/19
FUNE FUNE Wid be h the Si		JOSEPH A.	CRASSO	22e ADDRESS		SALISBURY MD 218
P	23a	BURIAL, CREMATION, REMOVAL SPECIFY BUREAU	12-24-79 To	ME OF CEMETERY OR CREMATORY WILLIAM MEMORY	23d LOCATION	ricevelle. Acomo
DHMH-16 20M /RA 15, 4) 7/78	24 F	UNERAL DIRECTOR NAME MUNICIPAL NAME MUNICIPAL MINING MINI	AOORESS AOORESS		REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



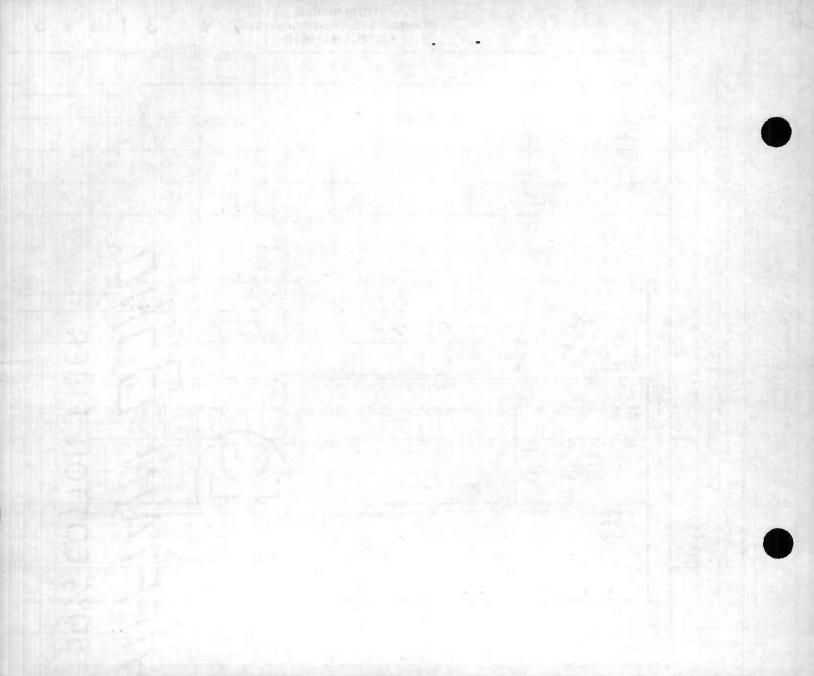
18-		FOR			DEPART			AND MENTAL	HYGIENE	O		, 1	0 0	2
		STATE REGISTRAR		MEI	DICAL	EXAMIN	ER'S C	ERTIFICATE	OF DEAT	HA	REG. NO	3. 1	0 7	2
		CEASED NAME OR PRINT)	E FIRST	V	MIDDLE J.	F	BURB	LAST A CFR	20.	Or	NOWN X ESTI- MATED	12-	-28-79	25. HOUR 2:40P
STREET	3. SEX		4 RACE	S. DATE OF BIRTH	0.	6 AGE (IN YE		DER TYR. IF UNDER	R 24 HRS. 20		MATED L	MONTH	DAY YE	AR 2d HOUR
DO ST		le	White	6 10	03	76 y	AY) MONTH	DAYS HOURS		DEAD	CED 12	2-28	-79 ₁₉	M W
MECESSAR FUNERAL DA WITHIN TO WITHIN	Ja B1 FO	RTHPLACE (S REIGN COUNTRY)	Mdi	U,S,	A,	ITRY?	8 MARRI WIDOW	ED NEVER MARI	RIED		comi	-	TY OF DEATH	MD.
AY IS THE 3301 V	10. CI	Salis		11. NAME OF HOS (IF NOT IN SUCH FA Penins U	PITAL, NU CILITY, GIVES 11a (RSING HOMI TREET ADDRESS) Heners	OROTH	er institution spital	FOR MO	STOF WORK			12b. KIND OF OR INDU	BUSINESS
IF ANY DEL	USUA 13a. S		(IF IN NURSING HOME OF 136. COUNT WORCE	ester	113c CITY	OR TOWN		13d. INSIDE CITY LIMITS? YES NO	13e STREE BO	t addres x 24	s R	D. Go	HGurse	7
WD WITH	14. FA	THER'S NAM	Willie	MIDDLE B	urb	LAST age:	SY,	15. MOTHER'S MAID		MIC	DOLE		Davi	S
BALTIMORE, I DURS AFTER DEA B. GIVE PAGES B. GIVE POR F T. PAGES I AN DIVISION OF		AS DECEASE S. NO. OR UNKNO	D EVER IN U.S. ARM	NED FORCES? VAR OR DATES)		-10-7		Mrs Mara	+1	Bur	bage	R. Bo	P. Golf x2420c	Buxse Rd
75 E & D E A		18. CAUSE C PART I DI	OF DEATH (Enter only		for (a), (b						J	7	BETWEEN O	MATE INTERVAL
Z Z Z Z E Z Z		(Canditio	ns, if any, which	DUE TO, OR	AS A CON	NSEQUENCE	OF							
ED VEN KEN KEN KEN KEN KEN KEN KEN KEN KEN K			se ta immediate) stating the <u>under-</u> use last.	DUE TO, OR	AS A CON	SEQUENCE	OF	644						
ITAL RECORDS, 30: SHOULD BE EXECUT RD "PENDING" IN CHIEF ARDICAL OF HEALTH AND A AAI, CREMATION, O)	NO	PART 2 OTHER S	Fractu:			oft h		OR CONDITION GIVEN IN P	PART 1 (a).					
UID I	CERTIFICATION	190. DATE OF	OPERATION					AS PERFORMED?	JESE,				20. AUTOP	SY?
AITAL RI SHOUL ORD "PI CHIEF OF USED SE USED S	TIFIC		22-79			re of		left hi	*				YES [XON [
BIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXER RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL RE 3 SHOULD BE USED AS A BLA E DEPARTMENT OF HEALTH AN I PRIOR TO BURIAL, CREMATION		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUR A.M P.M	MONTH 10-	21-75	21c. Ho	owinjury occurr		TURE OF INJU	RY IN ITEM 18	PART 1 OR P	(RT 2)	
DIVISION RESTRICTED THIS CERT TE, WRITING DRWARDED 18, PAGE 3 STATE DEPAGE 31201 PRIORE	MEDICAL	21d. INJURY O WHILE AT WORK	NOT WHILE AT WORK	21e PLACE C	OF INJURY	(AT HOME,	211 LO	TREET 242, Oc	ean C	ity,	" Wor	ces	ter, 1	Id. STATE
FOR STE		220. I cert death result	ify that I taak charge ed fram: Nature	e of the remains des	cribed abo		Autop	y . Inspection,		Inquiry mined mar	_	nd in my a	pinian	
TO MEDICAL EXAMIN EXEGUTE THE CERTIFIC EXEGUTE THE CERTIFIC FOR A SHOULD BE TO FUNKER DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLAN	À	ACTUAL SIGNATURE	E.S.	By			м	Deput	₹ MEDIC	AL EXAMI	NER	DATE	ED 12-2	9-79
O MEDIC CECUTE AGE 4 D FUNE ETER DE	20	(TYPE OR PR				M.D.		ADDRESS			е.,	Sal:	isbury	, Md.
BP	1	Buria	TION, REMOVAL 23	2/31/7	9 P	UCKI	metery o	m Cemi	Ber	clin		Nor		Md.
DHMH - 17 (VR A15 ME (5)) 30M 7/73		ineral directions of the control of		1 Home,	108 Ber	Willia,	ins Si	250. DAT	BY R	EGISTRAR	75b. REG	ISTRAR'S	SIGNATURE	2
													22	

the same that the same that is a fundamental and the same that the same . and do the market . Direction of the contract of and and the first of the second be a first bond and out the The state of the s Salimbury Peninsul Comment Trappical Communication

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-BURTON ELIZABETH DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED Female 23 AA 56 YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico DIVORCED WIDOWED [12a. USUAL OCCUPATION (TYPE OF WORK ID. CITY OR TOWN OF DEATH If NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital Salisbury ORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Rt. 2, 136 COUNTY 130. STATE Selbyville 13d INSIDE CITY LIMITS? Box 254 REC DeL. OF VIEAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND for. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMAN ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES 227-20-4077 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) SUCCER SUCCER PART I DEATH WAS CAUSED BY: Coronary Occlusion DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [10] CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES NO A 3 SHOULE DEPARTMENT OPRIOR TO BURIL 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection Autopsy and in my opinian Notural couses death resulted from: Homicide Undetermined monner TITLE (SPECIFY) 12-18-79 ACTUAL Deputy R DEATH, IMORE, M. SIGNATURE MEDICAL EXAMINER ADDRESS 409 Camden Ave., Salisbury, Md. EXAMINER'S NAME L. Royer, M.D. Earl Ex (TYPE OR PRINT) AFTE BAL 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 2010 BP. 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** JAN 2 Jolley Funeral Home, Salisbury, Md. (VR A15 ME (5)) 30M 7/73

Ry-, L-SA X which dentilled the said the English of the all the second polynomials and the second polynomials and the second polynomials and the second polynomials and the second polynomials are second polynomials. The state of the s

	1.	FOR - STATE	DEP	ARTMENT OF H	EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 9	3 1 8 9 5
	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE		AST	REG. NO. 1 20 DATE OF DEATH M	ONTH DAY YEAR 25 HOUR
nay be poge 3	TYPE	PAUL	JOSHUA	CAMPBEI	ī	December 2	1000
4 may lor, pog ofter de	3. SE		4 RACE	5. DATE O	F BIRTH	6 AGE IN YEARS LAST BIRTHO	IF UNDER I YEAR IF UNDER 24
ge 4		Male	White	Sept	. 26, 1917	62	YRS HOURS
the Po	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	VIRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
within 72		aryland	USA	WIDOWE	D DNORCED	WICOMICO	
by the filed with		ITTSVILLE	(IF NOT IN SUCH FACILITY, GIVE at home - I	STREET ADDRESS)		(TYPE OF WORK FOR MOST OF V Store Owne	VORKING LIFE) INDUSTRY
hou he	ÚSÚ	AL RESIDENCE HE NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION	13d INSIDE CITY LIMITS?		r frood Store
fille rould			comico Pitts	sville	YES NO	P.O. Box 12	6
within d 2 st		ATHER'S NAME	MIDDLE LAS	.T	15 MOTHER'S MAIDEN NA	ME MIGDLE	TAST
De ge	-	Arlie W.	Campbell		Ella		Nichols
ond co	10	VAS DECEASED EVER IN U.S. AF	/F WAR OR GATES!	SECURITY NO.	17 INFORMANT	ADDRES	
te be (ician cress. Po	N'C)	218-2	24-4374	Mrs. Mildred	E. Campbell	(Wife) same as
requires that the real signed by the signed by injury, or other	TION	underlying cause lost PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	MINI IEEU E.	G TO DEATH BUT			
he low ron. has been priored ows ony	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\bigcap \) NO \(\bigcap \)
HYSKCIAN: The ding physicion is certificate buriol-transit programment of them 18 shown if them 18 shown in the management of the manageme		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	Air	H DAY YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PART 2)
* D 9 - L 1 +	18	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, O	0FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STAT
G PHY offendir er this s the bu ond M ked or	MEDICAL	WHILE NOT WHILE AT WORK					COUNTY
G PHY offendir er this s the bu ond M ked or	MED	220:1 certify that (I) (this hasp				, to	, 19, that (I) (we
TENDING PHY: ordel or otherdin TOR: After this for use as the bu for use as the bu of Health and M	MED	220.1 certify that (I) (this hasp saw the deceased alive an		.19, on	d that in (my) (aur) opinian	, to	, 19, that (I) (we and haur and fram the couses state
OR ATTENDING PHY: the hospital or oftendid DIRECTOR, After this sched for use as the bu Dept. of Health and M If them 21 is marked or	MED	220.1 certify that (I) (this hasp saw the deceased alive an above (I) (we) (did) (did not say that the control of the control	at view the body ofter death.	.19, on	d that in (my) (aur) opinion DEGREE	, to	, 19, that (I) (we and haur and fram the causes state
OR ATTENDING PHY: the hospital or ottending DIRECTOR: After this sched for use as the bu Dept. of Health and M If them 21 is marked or	MED	220.1 certify that (I) (this hasp saw the deceased alive an	all view the bady ofter death. CALLA OR PRINTS	.19, on	d that in (my) (aur) opinion DEGREE	death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	, 19, that (I) (we and haur and from the couses state
OR ATTENDING PHY: re haspital or otherdia DIRECTOR: After this ached for use as the bu Dept. of Health and M If them 21 is marked or		220.1 certify that (I) (this hosp saw the deceased alive an obove (I) (we) (did) (did no 1) (did no	Control view the body ofter death. CMJC OR PRINT! ell, M.D.	hull	d that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	that (1) (we and haur and from the couses state 271. DATE SIGNED 1/3/80
OR ATTENDING PHY: the hospital or oftending DIRECTOR, After this sched for use as the bu Dept. of Health and M Hem 21 is marked or	23a. B	220.1 certify that (I) (this hasp saw the deceased alive an obove (I) (we) (did) (did no The Control of the Con	Control view the body ofter death. CMJC OR PRINT! ell, M.D.	19 on	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 720 ADDRESS Fruitland, METERY OF CREMATORY 11e Cemetery	death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA Maryland Maryland	that (1) (we and haur and from the couses state 222. DATE SIGNED 1/3/80



FOR

REGISTRAR

- STATE

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LAST PITTSVILLE.MD. APPROXIMATE INTERVAL wester PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Old Pulm. Tuberculuszi 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED. SENTER NATURE OF INSURY IN ITEM SE PART 1 OR PART 21 COUNTY STATE ., that (I) (we) lost and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated 22t. DATE SIGNED DIRECTOR PHYSICIAN STATE SALISBURY, MD. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M WILSON FUNERAL HOME SALISBURY . MD (VRA 15, 4) 7/7B

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS

IF UNDER 1 YEAR

MONTHS DAYS

77 ALLEVATOR DOLLEDOTS . . THE CARET PERSONALLY, WILLIAM THE STREET OF THE STREET STREET The state of the s

enderen remainment a commence a continue of the sales mufshon madeened 12 x 11 10 x 21 YES HA GROUND CONTRACT TO CONTRACT DESCRIPTION A Company of Ded to do u file of the company -SS-SI PY-53-8T the land we have a some the land of the la And the contract of the contra . of the state that Lotters come

2b. HOUR IF UNDER I YEAR IF LINGER 24 MPS CAYS 126. KIND OF BUSINESS OR INDUSTRY MIDDLENECK DRIVE LAST 1309 MIDDLENECK 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

POCOMOKE.

22c DATE SIGNED

STATE

that (I) (we) lost

STATE

COUNTY

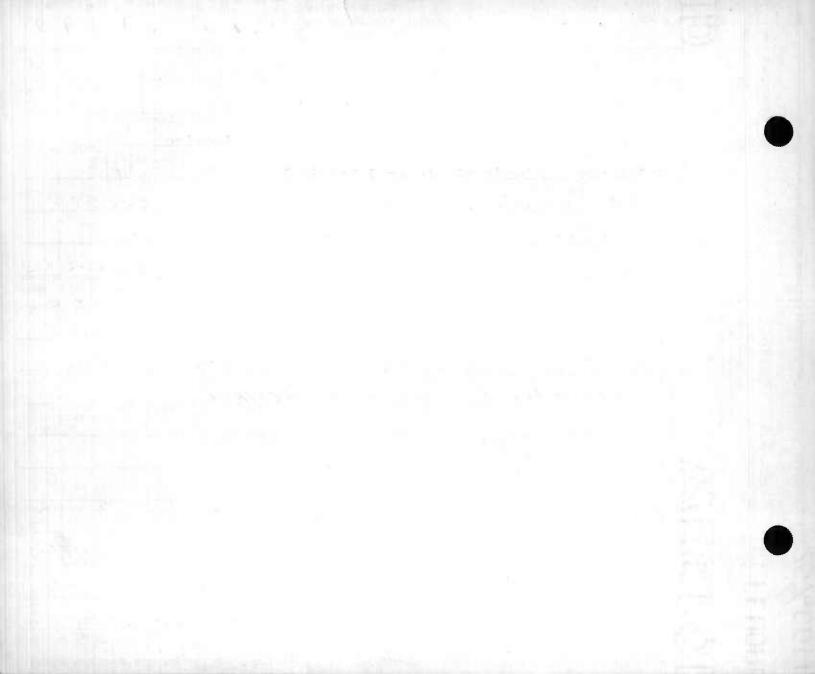
DHMH-16 20M (VRA 15, 4) 7/78 FOR

- STATE

24 FUNERAL DIRECTOR ACCRESS R. WILSON PRINCESS ANNE.

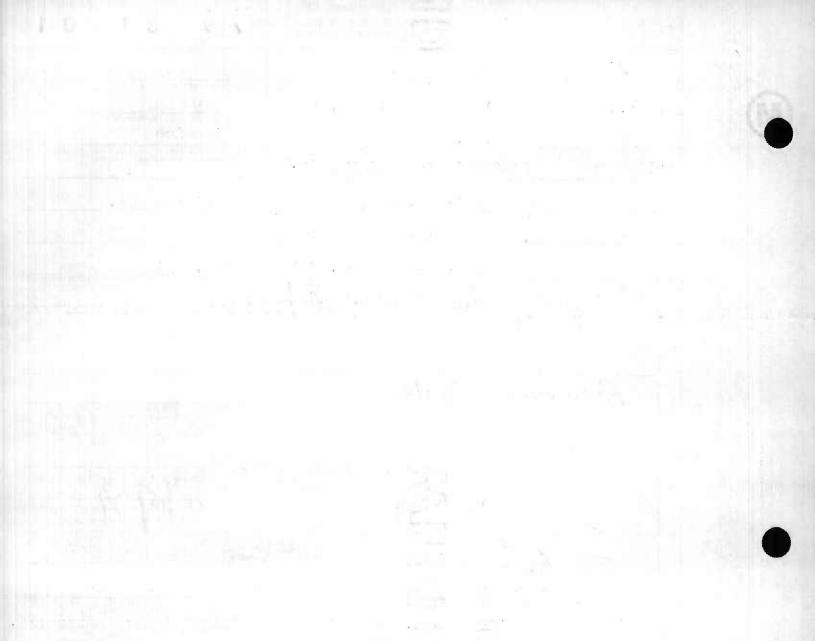
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

e • Manager and the second of the Constitution to the little Marty of the following from Exited The day UECA E , LILIZIANIO . CE LEGIS ACCOUNTS HOUSE . N TV-1



		l crr no			
	on hours				
			total boos e	'masû.	Averie Lin
			GENERAL ST	0 - 1	0.00
The strength of the		100	fores		
			1812-80 _it of		

(VRA 15, 4) 7/7B



5 DATE OF BIRTH MONTH YEAR 1903 To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT MARRIED NEVER MARRIED DIVORCED T Peninsula General Hospital Salisbury DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 155001 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S MAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMAN (IF YES, GIVE-WAR OR DATES) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) A DENO SOULMEOUS DUE TO OR AS A CONSEQUENCE OF TOMCT Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying last cause CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 20 21d, INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from_ saw the deceased alive an 12-14 abave. (1) (wa) (did not) view the bady after death 19 7 5 22b. SIGNATURE DEGREE * ATTENDING MEDICAL MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME (TYPEOR PRINT) BLOXEM MEDICAL CENT 0 236. DATE 231. NAME OF CEMETERY OR CREMATORY BP.

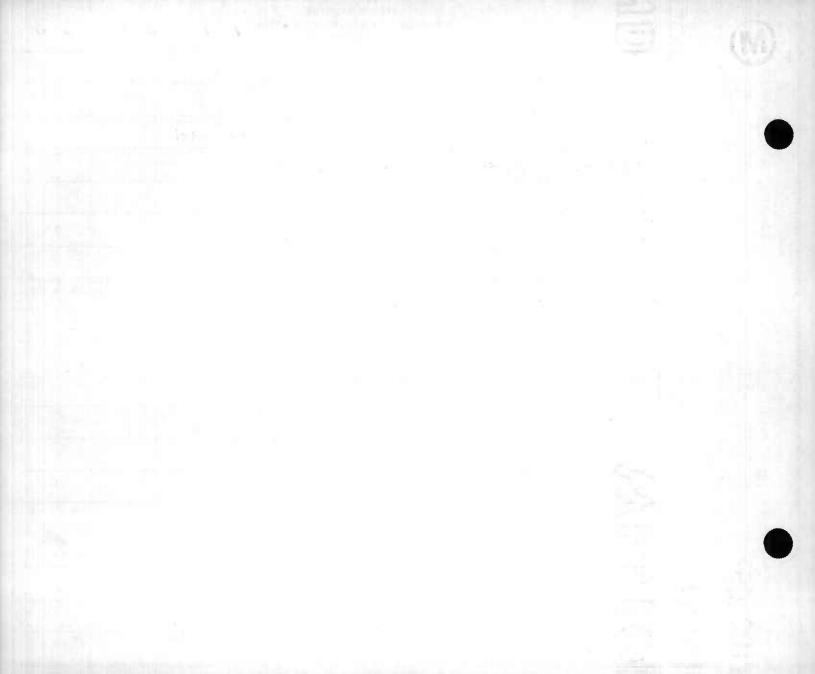
DHMH - 16 50M 1/76

(VR A 15 (4))

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY) DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE INDUSTRY Q MONTH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21¢ HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 CITY OR TOWN COUNTY STATE 20 , and that in (my) tour) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED STAFE 2-14-75 PHYSICIAN PHYSICIAN SALISQUAY DEC 1 9 1979 DEC19

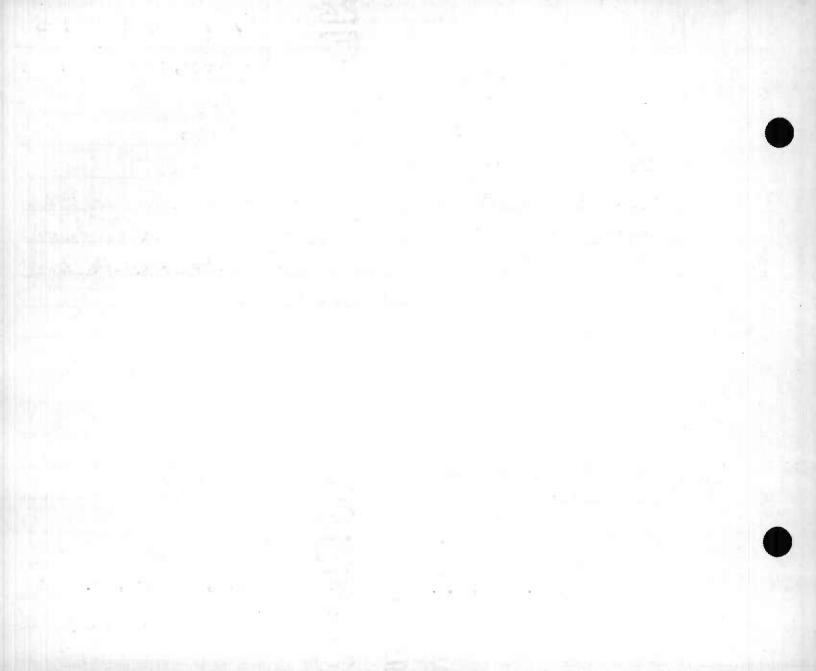
Salisbury | Peningola Central Bospital

DIVISION OF VITAL



		FOR STATE REGISTRAR	DEF A	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	1 7 0 4
de al		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
od of the pos			erite C.	DAVIS	December 22, 19	Charles and the last
off of the state o	3. SEX		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS
age rect urs		nale	White	Jan. 26, 1907	72 yrs.	
orth. Po		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
de de	At]	antic, Va.	USA	WIDOWED DIVORCED	Wicomico	
by the filed with		IY OR TOWN OF DEATH	Deer s Head	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Sales clerk	126. KIND OF BUSINES INDUSTRY Clothing
hou hou	USUA 13a S	L RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION) OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	TOTOMITIE
filled ould b		vland Vicon			608 Camden Ave.	
sh sh		THER'S NAME		15 MOTHER'S MAIDEN N	AME	4.10
omplet 1 and 2		Harry	Chesser	First Etta	WIODLE	Fisher
5 0		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS		ADDRESS	
e exect		es, no or unknown) (IF yes, gi	1VE WAR OR DATES) 216-14	-2367 Mr. Richard). Davis, 526 E. Salisbu	William St.
siction pers. ol.					Davis, Dalisto	APPROXIMATE INTERV BETWEEN ONSET AND D
nt nt		PART I. DEATH WAS CAUS			12/24 10 H.	BETWEEN ONSET AND D
ng pl bong rem		15 99 IMMEDIA	ATE CAUSE (0) Carcin	TOME OF SIGMOLA	colon with	1/24
eoth ce tendin ve corb on, or umotic		1000	DUE TO, OR AS A CONSE	OUENCE OF	us pasis	
dec offe offici		Conditions, if ony, which gove rise to immediate	(b)			
the tem		couse (a), stoting the	DUE TO, OR AS A CONSE	QUENCE OF		
that if d by 1 d by 1 decree in of, cree or other		underlying couse lost	(c)			
equires signed Then pli to buri njury, o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)
been trmit. T prior 1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
	F.					IFYING CAUSES OF DEATH
HYSICIAN: The rating physicion is certificate h buriol-tronsit p Mental Hygiet or item 18 show	E	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
SICIAN: T ag physici certificate rriol-trons entol Hygi	AL.	OR CONTRIBUTING CAUSE OF DI		DAY YEAR		
ring orriginal	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
5 5 0 2 0 3	A.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY STAT
offendi offendi ter this s the bo r and A				m		
or offer the After the os the colth and morked		22a.1 certify that (1) (this hosp	pital) attended the deceased fro	im	, to	, 19, that (1) (we
or offer these os the colth and morked				9, and that in (my) (our) opinion		
or offer of Affer the se os the morked			pitol) oftended the deceosed from1 not) view the body ofter deoth.	9, ond that in (my) (our) opinion		our and from the causes state
L OR ATTENDING PROPERTY OF A PROPERTY After the Toched for use os the EDept. of Health and If Item 21 is morked		sow the deceased alive a above, (1) (we) (did) (did n	not) view the body ofter deoth.	9, ond that in (my) (our) opinion DEGREE ATTENDING	deoth occurred on the date and ho	22c. DATE SIGNED
ITAL OR ATTENDING PP by the hospital or otter RAL DIRECTOR: After the edetoched for use as the state Dept. of Heelth and NIT: If them 21 is marked		sow the deceosed olive o obove, (I) (we) (did) (did n 22b. SIGNATURE	M. Tustin	DEGREE DEGREE ATTENDING PHYSICIAN	deoth occurred on the date and ho	our and from the causes state
ITAL OR ATTENDING PO by the hospital or otter RAL DRECTOR. After the edetached for use as the State Dept. of Health and NIT: If them 21 is marked		sow the deceosed olive o obove, (1) (we) (did) (did n 22b. SIGNATURE Manual 22d. PHYSICIAN'S NAME (TYPE	on not) view the body ofter deoth. Wi Tustini, OR PRINT)	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 12/22/79
ital OR ATTENDING PI by the hospital or other RAL DIRECTOR: After the edetoched for use as the State Dept. of Health and NIT: If them 21 is marked		sow the deceosed olive of obove, (I) (we) (did) (did not	on	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	deoth occurred on the date and ho	22c. DATE SIGNED 12/22/79
AL OR ATTENDING PO the hospital or attent AL DIRECTOR: After the detached for use as the ore Dept. of Health and II. If Nem 21 is marked	23a. B	sow the deceosed olive o obove, (1) (we) (did) (did n 22b. SIGNATURE Manual 22d. PHYSICIAN'S NAME (TYPE	OR PRINT) USTIN, M.D. OR PRINT) USTIN, M.D.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN Center, Salisbur	22c. DATE SIGNED 12/22/79 y, Md. 21801

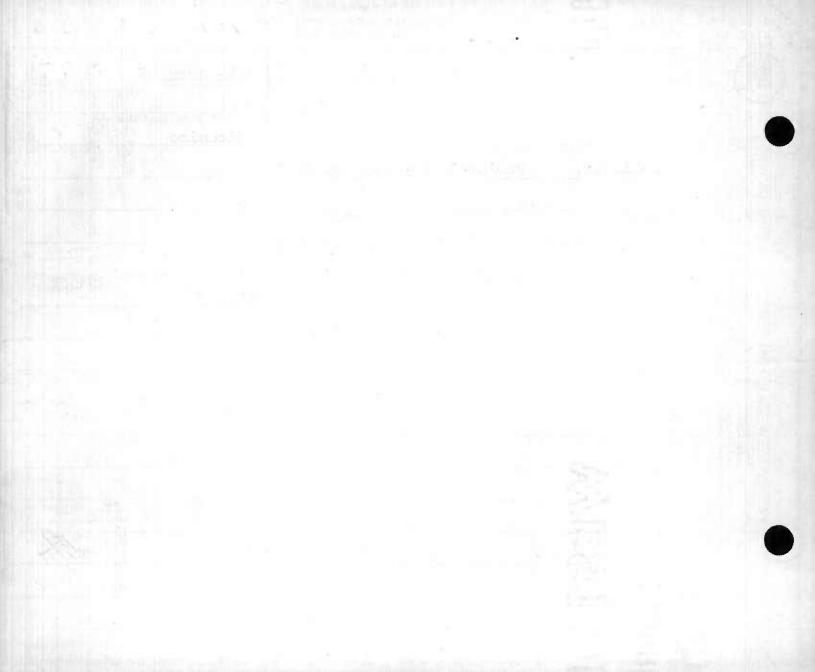
TOTAL TRANSPORTED TO THE PARTY OF THE PARTY 地位的。1955年,1956年,1956年,2016年,2016年,2016年,2016年,2016年,2016年,2016年,2016年,2016年,2016年,2016年,2016年,2016年,2016年,2016年 entered .

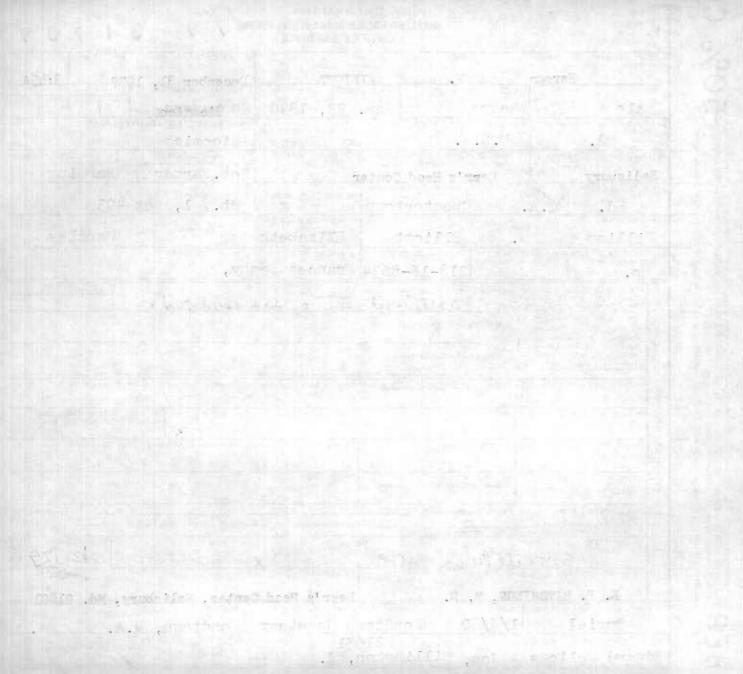


_	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE "Y /"	7 1 1 1 1
1 -	STATE REGISTRAR	JE AN	CERTIFICATE OF DEATH	REG. NO.	3 1 9 0 6
(TYPE	ORPRINT)	s L. Derrison	, Sr.	TO DATE OF BEATTE	2 16 79 740 p.
	4.4	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	- 1	AY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
		TA CITIZEN OF WHAT COUNTRY	10 3 84	95 9#	YRS COUNTY OF DEATH
Pr	rince George Co	U.S.A.	WIDOWED WORCED	Wieomico	M
S	disbury	(IF NOT IN SUCH FACILITY, GIVE STREET	runo Hone	TYPE OF WORK FOR MOST OF W	
13e S	TATE 135 COL	JNTY 13c CITY OR TOV	VN 134. INSIDE CITY LIMITS?	Rt. 1, Box	255D
	FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NO FIRST Elizabeth	Burgess	LAST
		WE WAR OR DATES)	FES. FEGUV	Siddall ADDRESS J. Payne, Rt. 1	burg, Maryland 1, Box 255D, Federa
	PART I DEATH WAS CAUS	SED BY	red thron.	505/5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4340 Conditions, if ony, which		ience of get maker	usalenos is	415-
	gove rise to immediate cause (a), stating the underlying cause last		PENCE OF		
NO	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ON GIVEN IN PART 1(0)
FICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		POD. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH D	AY YEAR		
NEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE				
~	22e.1 certify that (I) (this has	pital) attended the decrased from	3/15 19 19 2 . ond that in (my) (our) opinion	to 12/16	19 that (I) (we) los
(22e.1 certify that (I) (this has		DEGREE		ond hour and from the causes stated
	22e.1 certify that (I) (this has	Purify the body after death.	DEGREE		ond hour and from the causes stated
23e E	220.1 certify that (I) (this has	ot view the body after death.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS NAME OF CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIA 23d LOCATION CITY OR TOWN	271. DATE HIGHED COUNTY STATE
23e E	22e.1 certify that (I) (this has a line ceosed alive on the ceosed	DEL 18, 197	DEGREE ATTENDING PHYSICIAN 270 ADDRESS NAME OF CEMETERY OR CREMATORY OKESBURY Cemetery	MEDICAL STAFF DIRECTOR PHYSICIA 13d LOCATION CITY OR TOWN Reliance. I	22t. DATE HIGNED
	Je. 8110 CI	REGISTRAR 1 DECEASED NAME (TYPE OR PRINT) 3 SEX M 3 SEX M 78. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MATYLAND Prince George Co 10 CITY OR TOWN OF DEATH STATE USUAL RESIDENCE (MUNISING HOME- 130 STATE MICHAEL USUAL RESIDENCE (MUNISING HOME- 130 STATE MICHAEL MATYLAND 14. FATHER'S NAME (130 COL MATYLAND 15. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OR CONTINUENT (IF YES, GI PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED	REGISTRAR 1 DECEASED NAME (TYPE OR PRINT) 3 SEX 3 SEX 4 RACE COLLOWITE OF PRINT) 3 SEX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING STATE 12 STATE 13 COUNTY MARY LAND 14 FATHER'S NAME FIRST MI Chael Dennison 16 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SEC (YES, NO OR UNKNOWN) 17 MARY LEATH WAS CAUSED BY 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), or part 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (ID) 19 DATE OF OPERATION 19 DATE OF OPERATION 19 CONDITIONS CONTRIBUTING TO OR CONTRIBUTING TO OR CONTRIBUTING TO THE COUNTY OF INJURY 19 DATE OF OPERATION 19 DATE OF OPERATION 19 CONTRIBUTING CAUSE OF DEATH (FETHER, NOTHY MEDICAL EXAMINER) 210. INJURY OCCURRED 2110. TIME OF INJURY 1210. ACCIDENT WAS UNDERLYING TO THOUR A.M. MONTH DEATH MONTH MONTH DEATH MO	REGISTRAR CERTIFICATE OF DEATH (TYPE OR PRINT) DECRESSED NAME (TYPE OR PRINT) 3 SEX A RACE A RA	REGISTRAR DECEASED NAME

CLASS SECTION OF THE I would be a seem of the seem of the seems o er) of neggine or and the first state of the first

FOR





FOR - STATE REGISTRAR . DECEASED NAME

FIRST

DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	TIENE 7 9 3 1 9 1 0
	LAST	December 21. 1979 2. 00 P
	ELZEY	M-
	S. DATE OF BIRTH	6. AGE TIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR WONTH'S DAYS HOURS MIN YRS
COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORÉ CITY <u>OR</u> COUNTY OF DEATH Wicomico MD.
AL, NURSING Y. GIVE STREET A 1ead C		126 USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
TY OR TOWN		13e STREET ADDRESS
LAST 7	15 MOTHER'S MAIDEN NAM	re MIDDLE Conwa KST
7-3	1-9716 MZ/2	nie N. Else Nantigia
(a), (b), ond	(cs)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONSEQUE	B- by 1 CH	F
CONSEQUE	NCE OF	
UTING TO D	delightation	INAL DISEASE OR CONDITION GIVEN IN PART 1/01
OR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO

STATE

... that (1) (we) lost

22c. DATE SIGNED

COUNTY

(TYPE OR PRINT) Thomas 4 RACE 3 SEX Th CITIZEN OF WHAT 70 BIRTHPLACE STATE OR FOREIGN COUNTRY) ID CITY OR TOWN OF DEATH NAME OF HOSPIT Deer's Sali sbury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RES 130. STATE) | 13b COUNTY | 13c CI completely and 2 sh 4 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? puo (YES, NOTOR UNKNOWN) (IF YES, GIVE WAR OR DATES) physici 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), offe troum Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIL ā CERTIFICATION 90 DATE OF OPERATION 196 CONDITION certificate has priol-tronsit pe NOX YES [shov of Heolth and Mental Hygie 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from FUNERAL DIRECTOR: sow the deceased alive on. and that in (my) (aur) opinion death accurred an the date and hour and fram the couses stated above, (1) (we) (did) (did not) view the body ofter death be detached to 22b. SIGNATURE DEGREE He e -ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto with the Stote IMPORTANT: I 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) the the Deer's Head Center, Salisbury, Md. 21801 E. P. Ritchings M.D. 0 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL ERSMATION, REMOVAL 23b. DATE

BP. DHMH - 16 50M 7/77 (VRA 15(4))

24 FUNERAL DIRECTOR

physicio

ATTENDING

HOSPITAL

ò

by the hospitol

paul

and the state of t William I and the Material March Section of the second section of the if the transfer of the same of to be a second of the second o Esse of 12/22 to the Mantacke Com Than a fine

24 hours ofter

executed

2	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	3	1 9	1.1
		CEASED NAME FIRST DOTOLL	MIODIE.		Everts	20. DATE OF DEATH	12 -1	DAY YEAR 15-79	3 PM
	3. SE	×	(Caseasing	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
See.	C	RTHPLACE STATE OF BOREIGN OUNTRY	76 CITIZEN OF WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O		CO)	MD.
notified	5	alisbay Md	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET RIVER WOLK	Mani	1 11	12a USUAL OCCUPAT			OF BUSINESS OR
star be	13a S	STATE 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		YES NO 🗆	13e. STREET ADDRESS	-		
Texa (14 FA	ather's name bashiell	MIDDLE HOPKIN-	5	MOTHER'S MAIDEN NAME OF THE PROPERTY OF THE PR	1 e MIDDLE	R	12/1/	51
e medico		VAS DECEASED EVER IN U.S. AR (ES NOOR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECULAR OR DATES 14-16	-79	17 INFORMANT	exine Lo	ive -	52/106	KY, M.
event, th	Ē	PART I. DEATH WAS CAUSE	lly one cause per line far (a) (b), an O BY: E CAUSE (a)	CONC	gestive S	arlun		BETWEEN	ONSET AND DEATH
r other troumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU (b) CV2 CV2 DUE TO, OR AS A CONSEOU (c) Q CV2 CV2	ENCE OF		and du	ease	4	12s
njury, a	NO	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	1	Ease	VEN IN PART 10	a
Suo Swor	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	7. 0.	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES [
Hem 18 sh	MEDICAL CER	210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, I	PART OR PART 2)	
orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
em 21 is me		saw the deceased alive on	tal) ottended the deceosed from 19		d that in (my) (our) opinion o	deoth occurred on the d	iote and ho	ur and fram the	
ANT: # He		John 5 6	53 Maly	m.9	ATTENIONIO	MEDICAL STA	FF CIAN		-15-75
MPORTA	A	John 7	Bal (ds)	(MD	Pine Bly	FCQ),	Jak	sext)	, MJ.

THE NAME OF CEMETERY OF CREMATORY

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicia TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the busial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 721 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

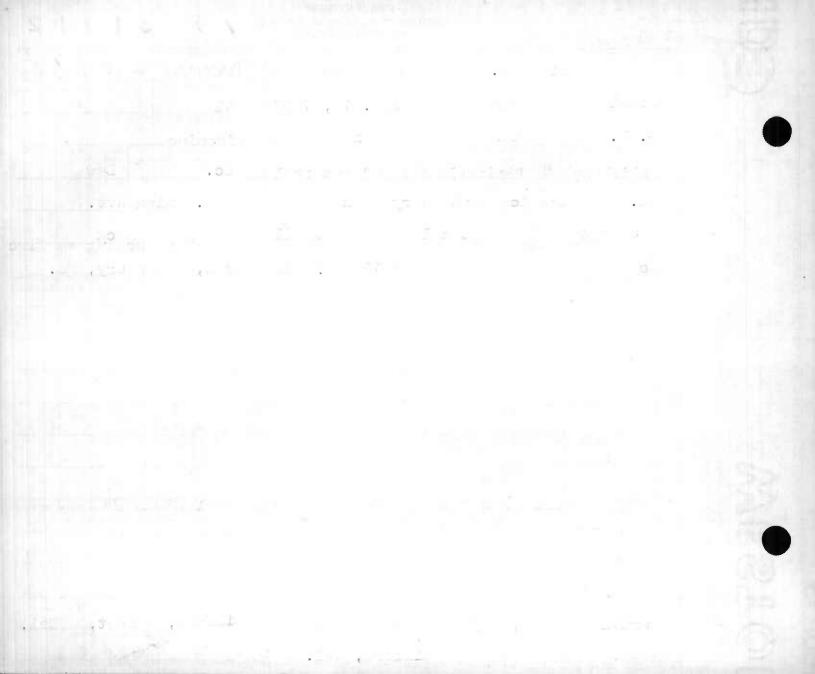
23a BURIAL, (SPECIFY)

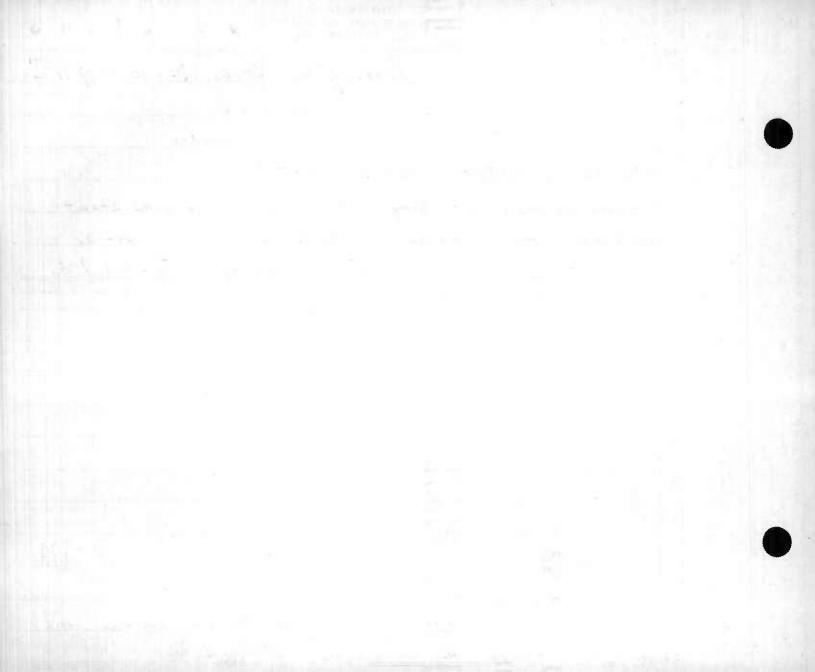
CREMATION, REMOVAL

236 DATE

23d LOCATION

The same of the sa The sure of the second A COUNTY OF THE SAME TO SEE BUILDING TO BE SEED OF THE SEED OF CONTRACT CONTRACTOR PROPERTY CONTRACTOR

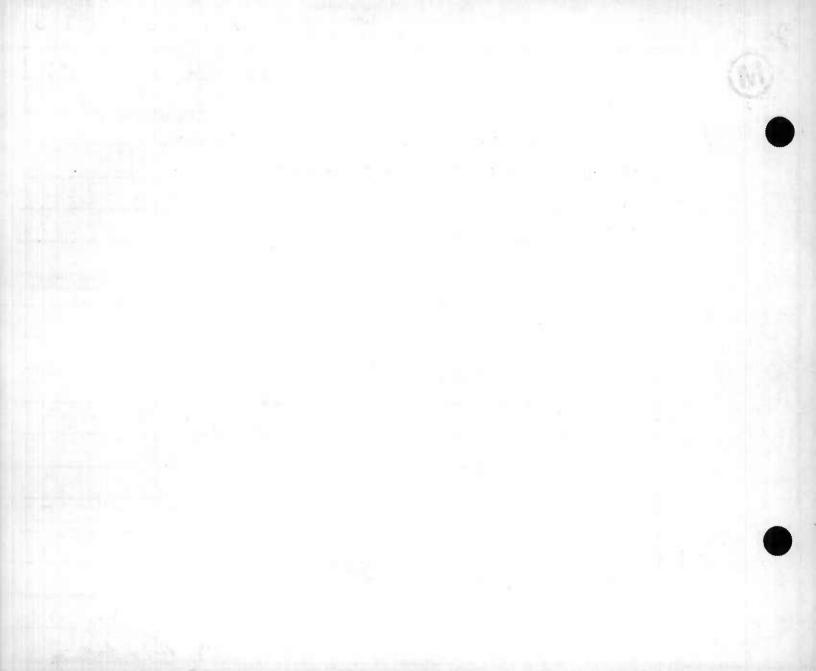


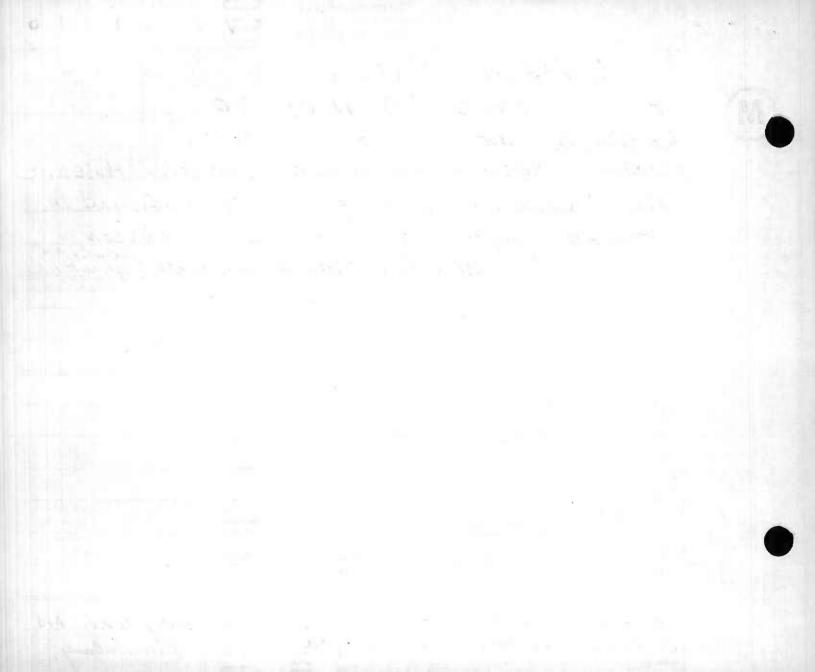


STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME o. DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) FLETCHER HARRY DEATH MATED 3 12-9-78 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED White 1886 Male 93 23 DEAD TR. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico WIDOWED A DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY General Hospital Salisbury eninsula CONST. RETAIN RECORD USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d: INSIDE CITY_LIMITS? 13e. STREET ADDRES Wicomico Sharptown Md.NO [VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N AND 16a WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL SUUCEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which vears ASCVD gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES NO PA 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED If LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE Inspection X 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion death resulted from: Meturol couses Accident Undetermined monner TITLE (SPECIFY) ACTUAL 12-10-79 Deputy ER DEATH, TIMORE, M. SIGNATURE Camden Ave., Salisbury, Md. EXAMINER'S NAME Earl Rover, TYPE OR PRINT **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR EGISTRAR'S SIGNATURE **DHMH - 17** Ullrich Funeral Home, Sharptown, Md. (VR A15 ME (5)) DEC 30M 7/73

A SECOND CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRES The state of the s The state of the s Dinny The state of the s

fom R

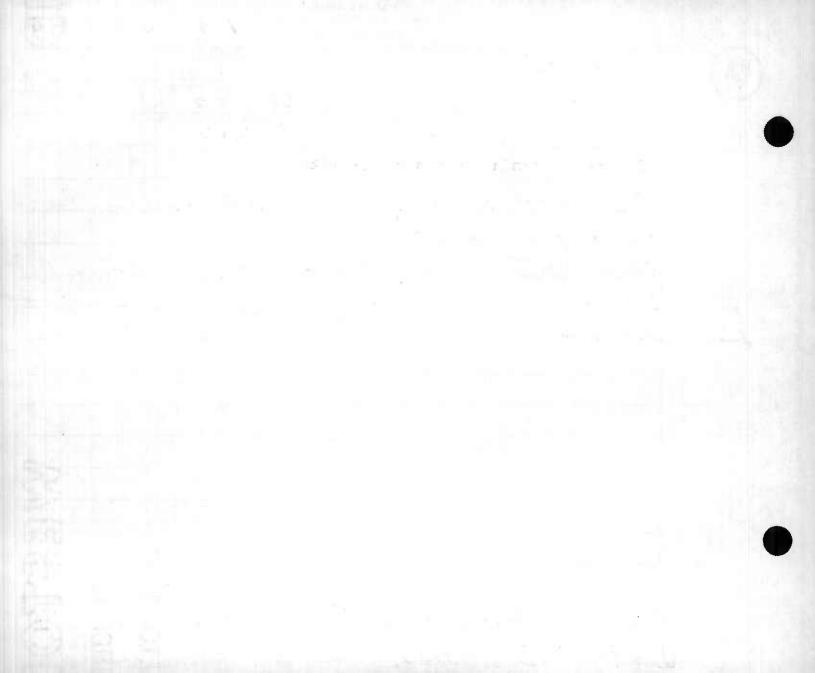




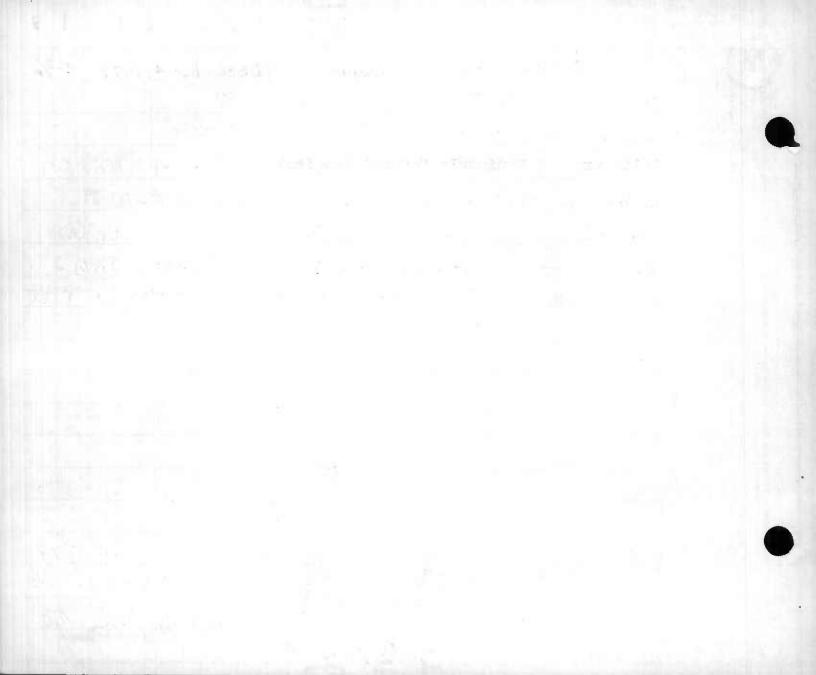
	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9	3 1 9 1 /	
4 may be nr, page 3 ifter death		CEASED NAME FIRST PAUL	LILLARD	GARDNER		MONTH DAY YEAR 26 HOUR	P
oge 4 may rectar, pours after d	3. SE	MALE	WHITE	S DATE OF BIRTH MONTH DAY YEAR G G G G G G G G G G G G G	6. AGE (IN YEARS LAST BIRT	THDAY] IF UNDER 1 YEAR FUNDER 24 HR MONTHS DAYS HOURS MIN YRS.	
death Pouneral din 72 hac	C	IRTHPLACE STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	OR COUNTY OF DEATH	MD
by the fu	Sa	ITY OR TOWN OF DEATH	Deer's Head Ce		120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF		OR
AND 213	130	MD 136, COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TOV 17		13e. STREET ADDRESS	AGLE De.	
MARYLA within ted within ompletely ond 2 sho	14. F/	THER'S NAME	THEOB GARD	USR IS MOTHER'S MAIDEN N	BROWN	JOHNUER	
BALTIMORE, cate be execut ysicion and coppers. Pages 1 wol. It, the medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	EMED FORCES? 166 SOCIAL SEC 577-03-	URITY NO. 17 INFORMANT 4743 GERDA GI	ARDNER	OCEAN CITY, MIS	
ST., BALT ertificate to physicio pan papers removal.		PART I. DEATH WAS CAUSE	nity one couse per line for (0), (b), or ED BY: TE CAUSE (0) Browch	-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	н
W. PRESTON 9		Conditions, if ony, which	DUE TO, OR AS A CONSEOL		arexis	years.	
that the by the ease remain rather tr		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF			
requires the signed to Then plea	NOI	PART 2 OTHER SIGNIFICANT (conditions contributing to	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART I(a)	
AL RECC	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES ♣ NO □	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO	
SICIAN: 1 and physic certificate untol-trons tental Hyge them 18 sh	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		PAY YEAR 19	RRED (ENTER NATURE OF INJUI	RY IN ITEM 1B, PART 1 OR PART 2)	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir outending physicion. fifer this certificate has been sig os the burnol-tronsit permit. Then th and Mental Hygiene prior to b th and Mental Hygiene prior to b orked or them 18 shows any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOV	WN COUNTY STATE	
R ATTENDIR hospital or RECTOR: At sed for use of spt. of Healt sen 21 is mon		saw the decrepted alive on	tital) attended the deceased from 12/19/79 19 or) view the body after death.	12/11/19 , 19	, to 12/	19/19, 19, that (I) (we) lo ate and hour and from the causes stated	ast
0 4 0 0 0 5		226. SIGNATURE	aldre =	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	22. DATE SIGNED 12/19/79	
TO HOSPITAL of retained by the TO FUNERAL Is should be detained with the State IMPORTANT; if		224 PHYSICIAN'S NAME (TYPE O		Deer's Hea	d Center, Sa	alisbury, Md. 21801	
BP———	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE 12-24-79 23c	NAME OF CEMETERY OR CREMATORY	ALE XAL	DEMICOUNTY VA. STATE	
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	NE CAL LANE L	BERLW, MOJANZ	TE REC'D, BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	

1:6	ever term	veormoet.	18000	G.Eff.		duas	
		olmosi»					
				madna0 1	haall a lichall		merinas.
							101
							44/2
2			st flag		ASC		
2		- comme	st flag		ASC	4	
2			st flag	and the	ASC		
2			A A.		ASC		
2	X VI CIV		er 11:39		12,197,79		

	1		STATE OF MARYLAND
	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 3 1 9 1 8
1		CEASED NAME FIRST	199 Sign December 30 1979 5/80
	3. SE	MALE	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR FUNDER 24 HOURS MINTER 1 YE
From P	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED WICOMICO
38 motified		alisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PENINSUCH A ABILITY, GIRCLETTE ADDRESS 1 Hospital 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12. INDUSTRY
fuest be	USU 13a	AL RESIDENCE (# NURSING HOME STATE 13b. CO	ICOMICA SALISBUX YES IN NO # #9 SUIAN KD. SAL
s coming	14. F	HARLEY	MODIE GATES BROOKSIE MODIE LAST
Poges I one	16s \	VAS DECEASED EVER IN V.S. (ES, NO OR UNKNOWN) (IF YES, O	WARDESTIEST WAX LILLIAN MADDOX - SALIS O
emovol event, the		PART I. DEATH WAS CAU	
or o		1619	DUE TO, OR AS A CONSEQUENCE OF
ose remove corb		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF
Then pleo to buriol, injury, or o	N.	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
bermit ws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
Mentol Hygiene Are 18 shows		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR
the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
for us of He 21 is		obove, (1) (we) (did) (did	not) view the body ofter death.
Uld be detached for until he Stote Dept of He ORTANT: If hem 21 is		226 SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12-30-79
should be detached with the State Dept.		22d. PHYSICIAN'S NAME (TYP	T Colwell PFH Solomy MD
ohs MM—	23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION CITY OF 16 WN CITY OF 16 WN COUNTY!
H-16 20M	24 F	UNERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SCHAPIRE

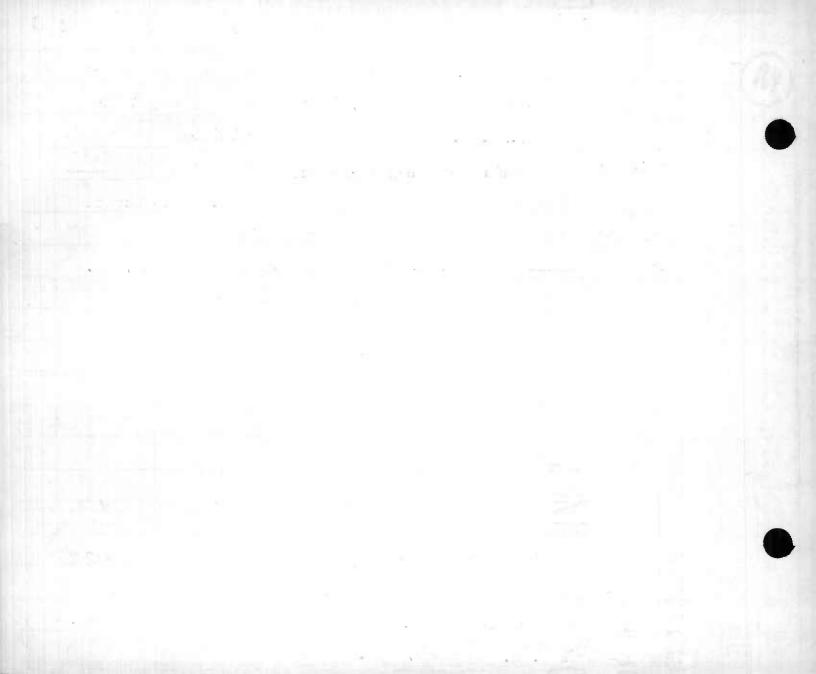


				STATE OF MARYLAND			
	1-	FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N		9 1 9
1)		CRASED NAME ANTHON	y John	Geppi	Decembe		79 455/P N
urs ofter	3 SE	MALE	White	S. DATE OF BIRTH		YRS	
35	B	ALT, MARYLAND	U, S, A	MARRIED NEVER MARRIED WIDOWED DIVORCED	MICOUIT	co	MC
Skiffed with		Salisbury	Peninsuia"	HOS HOME OR OTHER INSTITUTION GENERAL Hospital	17a USUAL OCCUPAT (TYPE OF WORK and a MOST O	ON DI WORKING LIFE) IN	N KIND OF BUSINESS OR
should be	130		MICO FRUITZ	AND YES SO NO	13. STREET PODRESS	V. MAII	v 59.,
ond 2 s	14 FA	SAMUEL MIDI	Jep,	15. MOTHER'S MAIDEN NA CATHERI	Ne MIDDLE		UNKNOWA
oers. Pages 19.		VAS DECEASED EVER IN U.S. ARME (18 YES, GIVE WA		1177 Mrs ELEAN	VORA W. S.	Jeppi	SAM &- APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to build, remotion, or remoted injury, or other troumotic event, the	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEO		MA OF D	XADER	N YEAR
Hygiene prior 18 shows ony is	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	100. IF YES, WEIN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH? NO [
ced or Item 18 sh	MEDICAL CES	218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED	216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY	19 ZII LOCATION			
ZI is marked	W	WHILE NOT WHILE AT WORK 27a I certify the (II) His hospitoti sow the deceased alive as a bove (I) (was field) (fid ng) by	10V 6 19	Ann	Y, to DEC	19_ lote and hour and	
MPORTANT: If Item	/	27% SIGNATURE AZE PHYSICIAN'S NAME (TYPE OR PR		270 ADDRESS	AMEDICAL STA	FF CIAN []	12/5/79
with the IMPORTA	230 (HENASKY	NAME OF CEMETERY OR CREMATORY	23d LOCATION L	JOHUS.	BURY ML
16 20M , 4} 7/7B	24. FL	NERY DIRECTOR KEN-B	BOUNDS ADDRESS	lisbury, Md DER	YE REC'D. BY REGISTRAR	19/11-95-18AR/	SERVINES.



•	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	(
SPITAL STITEN	OSPITAL CONTIENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after dedrift Page 4 may ed by the haspital or attending physician.	A.
UNERAL DIRECTOR:	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 to defacted for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after death	ctor, page 3

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG TCATE OF DEATH	GIENE 7 9	3	19	2 0
		CEASED NAME OR PRINT)	FMST Eliza	abeth	B.	Ho	ampton	Decen	MONTH	DAY YEAR 29 1979	7 10p
	3. SEX	Fema l e		White		S. DATE C		6 AGÉ (IN YEARS LAST BI		# UNDER I YEAR	HOURS M
506	7a. BI	RTHPLACE ISTATE OR FOR DUNIRY) Marvland	REIGN 7		WHAT COUNTRY	2 0	D NEVER MARRIED	BALTIMORE CITY	_		
Sold of		lisbury	rii 1	I IF NOT IN SUC	H FACILITY, GIVE STREE	NG HOME C	DROTHER INSTITUTION 1 Hospital	176 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWII	OF WORKING LE	FEI IZE KIND C	F BUSINESS
and st	13a S	TATE aryland	136 COUNT	THER INSTITUTION.	GNE RESIDENCE BEFOR	RE ADMISSION)		13. STREET ADDRESS		Street	
200		THER'S NAME FIRST OT availa	able"	IDDLE	LAST		not availa	44/0/015		ŁAS	Τ
event, the medical				MED FORCES?	220-46		17 INFORMANT Leonard Ha	addr impton I	ess Delma		MATE INTERVA
any injury, ar ather traumatic	ATION	Conditions, if any, gove rise to immacause (01), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERATI	edipte the lost IFICANT CO	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON		VEN IN PART 10	
9 shows of	CERTIFICATION					OPERATIO		YES NO	IN CERTI	FYING CAUSES	OF DEATH?
or Hem 18	MEDICAL CE	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTHY MEDICAL 21d. INJURY OCCURRE	AUSE OF DEAT	216. TIME OF HOUR A.F P.F	M. MONTH D	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18, I	PART 1 OR PART 2)	
morked	ME	WHILE NOT WHI	<u> </u>		EET, FACTORY, OFFICE,		STREET	CITY OR TO	120	COUNTY	STATE
Nem 21 is n		220.1 certify that (1) (saw the deceased above, (1) (we) (di 22b SIGNATURE	d alive on_	12/2	9 19	79 . or	nd that in (my) (our) opinion .	death accurred an the c	date and had		
MPORTANT: # He		224 PHYSICIAN'S NA	ME ITYPE OF	Benj	Morres	MP	ATTENDING PHYSICIAN [MEDICAL STA		12/2	9/79
PORT/		WF	Ben	Hori	ner m	n.D.	Kay A	venue	Sal	sbure	,. M
₹——		URIAL, CREMATION, R	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	238. LOCATION		COUNTY	STATE
W.	(3	Burial		1-2-1	980 5	t. St	ephens	Delmar	Suss	sex De	L.



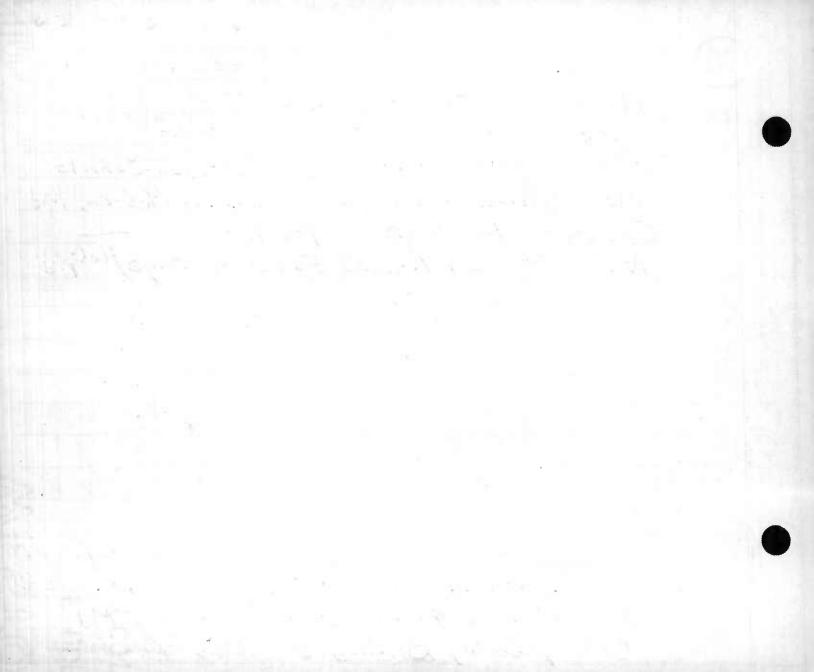
3	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	921
F3 S. F.	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI- DEATH MATED 12-	/ 1
OUR FILL	Male AA 6 12 26 53 YRS. IF UNDER 1 YR. IF UNDER 24 HRS. 26 DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED 12-27.	79 19 24 HOUR
S PECESS FUNERAL 5 FOR YOU D. WITHIN 72 W PRESTON	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia 75. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED WICOMICO	NTY OF DEATH MD.
PAGE PAGE STILED	10. CITY OR TOWN OF DEATH Salisbury 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVES SPREET ADDRESS) Peninsula General Hospital Waterman	Or industry Oyater
AND 3 AND 3 RETAIN HOULD	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STA	
LOLVE SATH	14. FATHER'S NAME FIRST William Matthews 15. MOTHER'S MAIDEN NAME Geneva Hardy 16. WAS DECEASED EVER IN U.S. ARRAD EOPCESS 16. MOTHER'S MAIDEN NAME ADDRESS ADDRESS ADDRESS	LAST
B. GIVE PAGE WITH FORM I. PAGES 1 AN DIVISION OF	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes (IF YES, GIVE WAR ORD AIES) 225-18-7368 Rebecca Matthews Melfa, V.	irginia
"PENDING" IN PENCIL IN 17EM 1B. IEF MEDICAL EXAMINER ALONG V SED AS A BURAL-TRANSIT PERMIT. FHEALTH AND MENTAL HYGEINE, CREMATION, OR REMOVAL.	PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	/ days
S H コ Q デッ	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
WARREN TO THE CH PAGE 3 SHOULD BE USTATE DEPARTMENT OF 1201 PRIOR TO BURIAL,	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CONTRIBUTIN	road, strud
UTE THE CERTIFICATE, 1.4 SHOULD BE FOR UNERAL DIRECTOR: F R DEATH, WITH THE S IMORE, MARY AND, 21	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my condition of the remains described above, held on Autopsy , Inspection , Inquiry , and in my condition resulted from: Activate	12-28-79
TO PAGE	236 BURIAL CREMATION, REMOVAL 236 DATE Red Hill 236 LOCATION Rel Hill Rel H	
H · 17 ME (5)) 7/73	Wharton Funeral Home, Accomac, Va. 250. DATE REC'D. BY REGISTRAR'S 256. REGISTRAR'S JAN 4 1980	SIGNATURE

A STATE OF X A.E. I cinigal? motors asserted - All and Drive to the profit to write the одыны куонь Wallage Matthews ministry Winting swedther sounded 88 7-81-55 TI the oos Programme of Langer Military Tanggaran Janggaran Andrews Control of the THE REPORT OF THE PROPERTY OF THE PARTY OF T Juriel 200-6-50 Red Hill

	1	FOR	DEBARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL	HVOIENE	
	1-	STATE		XAMINER'S CERTIFICATE		922
	I. D	REGISTRAR CEASED NAME FIRS		IAST IAST	KEO. 110.	
PLE ASE FT OR. FLES. HOLRS		DE OD DOUNT	RTLE	HARPER	20. DATE KNOWN ACCOUNTS OF ESTI-	12-4-79 5:454
	3. SE	x 4 RACE	5. DATE OF BIRTH MONTH DAY 12 2 10	6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 1 AR. IF UNDER 1 YR. IF U	ER 24 HRS. 2c. DATE MO PRONOUNCED 12-11	-79 19 6:15
SSAR	Ja. 1	IRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNT	TINO.	9 BALTIMORE CITY OF CO	
NECESSARY FUNER 5 FO W. PHESTO		OREIGN COUNTRY)	7.S.A.	WIDOWED DIVOR	RCED Wicomico	MD.
D. 21201 H. IF ANY DELAY IS NE 2. AND 310 THE FU 3. RETAIN PACE 2. SHOULD BE 5. 2. SHOULD BE 1. 4. RECORDS, 301 W.	0	Salisbury	DOA Peninsul	REET ADDRESS) R General Hospita	120. USUAL OCCUPATION (TYPE OF WAR MOST OF WORKING LIFE)	OR INDUSTRY
21201 IF ANY [2, AND 3 3. RETAIN SHOULD I RECORI	5 130.	STATE Md. Som	me or other institution, give residence in the part of	OR TOWN 13d INSIDE CITY LIMITS?	7 77	
EATH. II ES 1, 2, PM 3. ND 2 S. VITAL	C 14 F	ATHER'S NAME FIRST OA. h		AST MOTHER'S MAIN	DEN NAME MIDDLE	Jones
STON ST., BALTIMORE, MD. IIN 24 HOURS AFTER DEATH IN ITEM 18. GIVE PAGES 1. IN TEM 18. GIVE PAGES 1. IN FALONG WITH FORM PM. FALONG WITH	7 160.	WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	al SECURITY NO. 17 INFORMANT	L.M. Lean, Boy 37-	Anno Augito Del
C., BALTIN		18 CAUSE OF DEATH (Ente	r anly ane cause per line far (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., I		PART I DEATH WAS CAU	DIATE CAUSE (a) Gast	ric Hemorrhage		minutes
PRESTON ST., WITHIN 24 HOU CLE IN ITEM 18 INER ALONG ANSIT PERMIT FAL HYGIENE, I		Canditians, if any, wh		SEQUENCE OF		months
X N X X X X X X X X X X X X X X X X X X		gave rise to immed cause (a) stating the unit lying cause last.	die /			MOIIVIIS
	1 22		(c)			
RECORDS, 30 ULD BE EXECU "PENDING" IN EF MEDICAL E FED AS A BURN HEALTH AND CREMATION, C	NO	PARI 2 OTNER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO GEATH BUT NOT RELAT	EO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN I	PART 1 (a).	
TAL RECORI HOULD BE E RD "PENDIN CHIEF MEDIA : USED AS A OF HEALTH	7 8	190 DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATION WAS PERFORMED?		20. AUTOPSY?
VITA VORD VORD VITOF MIAL,	싀틞					YES NO NO
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE SITING THE WORD "PENDING" ROBICA E 3 SHOULD BE USED AS A B E DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
DIVISION OF VI DIVISION OF VI THE, WRITING THE WO FORWARDED TO THE TORWARDED TO THE TR. PAGE 3 SHOULD BE FISTATE DEPARTMENT D. 21201 PRIOR TO BURI	MEDI	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY STREET, FACTORY, FARM, ETC		CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213		death resulted fram:	orge of the remains described above	, Suicide , Homicide ,	Undetermined manner ,	ny apinion ATE 12-4-79
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH,	2	SIGNATURE EXAMPLER'S NAME EXAMPLE OR PRINT)	rl L. Royer, 1	M.D. Deput	Camden Ave., Sai	IGNED
EXEC PAGE TO FI		URIAL, CREMATION, REMOVA		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		UNERAL DIRECTOR	12-8-19 1	Jacedonia	Dames Quarte	5 Si Md.
DHMH - 17 (VR A15 ME (5)) 30M 7/73			ADDRESS	ne, Md.	DEC 1 3 1979	R'S SIGNATURE

TE worden be entended sense descended . . . Would be the the the things of the test Maria I a further part of the first of the first

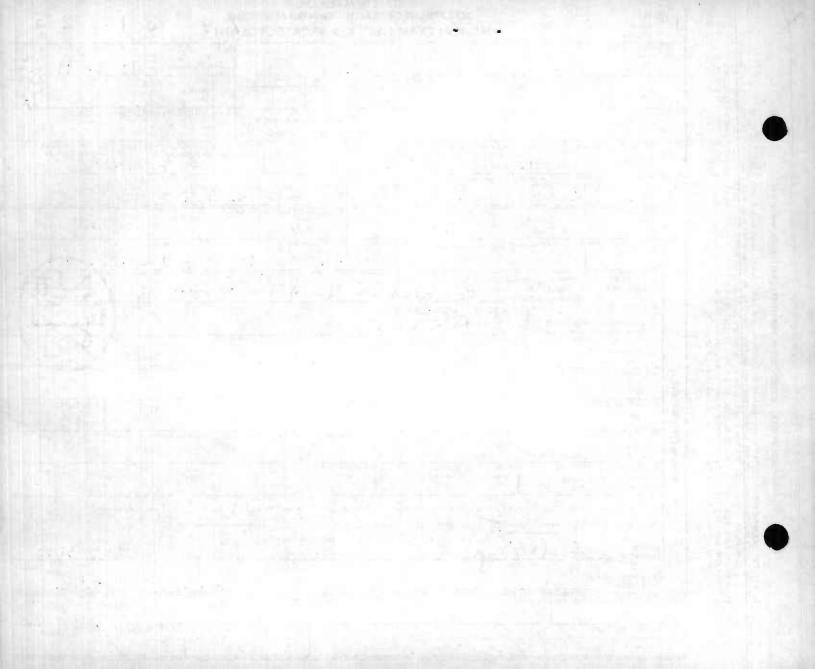
(VRA 15, 4) 7/78

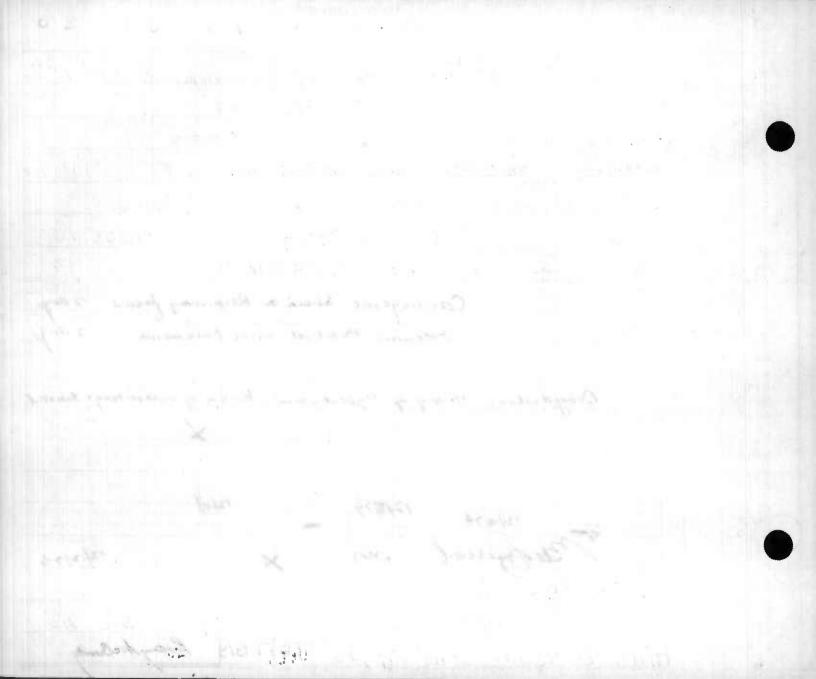


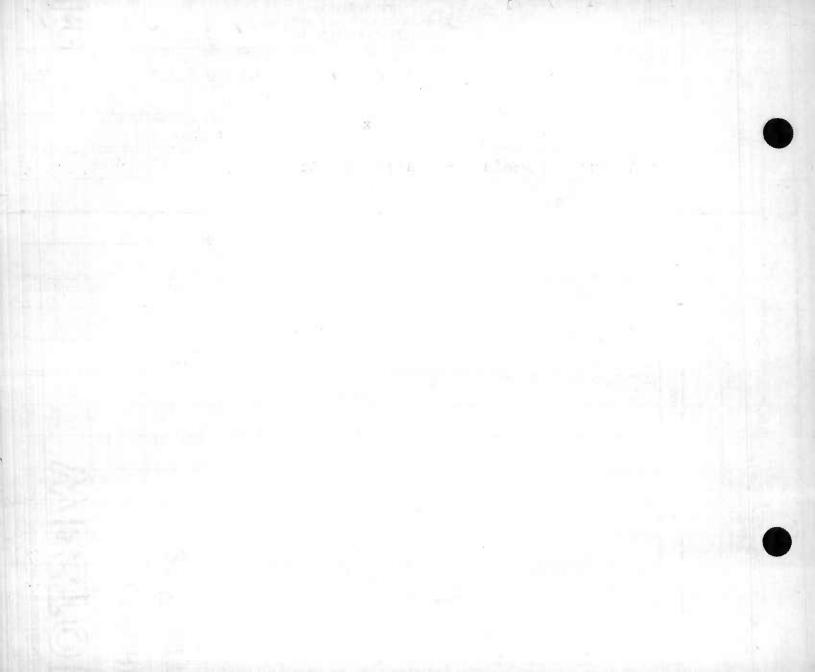
16				STATI	OF MARYLAND		
X9	1-	FOR STATE REGISTRAR	DI		EALTH AND MENTAL HY ICATE OF DEATH		1924
1.00	1 DEC	CEASED NAME FIRST	MIDDLE	L.	AST	REG NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(TYPE	Zenophin	e (7ena)	He	ttan	December 15	1100 50
4 M 9 6 6	3 SE)		4 RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
o de		Female	White	MONTH	DAY YEAR 1889	90 yes	MONTHS DAYS HOURS MIN
Pog dire		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8		9 BALTIMORE CITY OR COUNT	Y OF DEATH
Sen 72		ithol, Md.	USA	WIDOWE	NEVER MARRIED	Wicomico	MD
within within	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL.	NURSING HOME C		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
- + + = =C/\	S	alisbury	Peninsula	General	Hospital	(TYPE OF WORK FOR MOST OF WORKING LE HOUSEWIFE	ife) INDUSTRY none
212 Sin bet	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDEN	ICE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
AND 124 I		ryland Wic	omico Mardle	a Springs	YES NO	Bridge St.	
evil.	14 FA	THER'S NAME	WIDDIE	AST	15 MOTHER'S MAIDEN NA	AME	1007
MAI who		George Edw.	in Cox		Margaret		orseman
MORE,	16a V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES)	AL SECURITY NO.	17 INFORMANT) SC		Main St.
TIMO on ond S. Poge	No		217-2	28-3646	Mr. Lester E	. Hatton, Mardel	
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours systicon and completely filled in by opers. Pages 1 and 2 should be file yol. to the medical examiner must being the medical examiner must being the file of the fi		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one couse per line for to	, ib) and ic	T . T- 10		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	-41		TE CAUSE (a)	Kes Kir	uny fun	4	
PRESTON ST., he death certifi he ottending ph emove corbon motion, or rem		7373	DUE TO, OR AS A COI	NSEQUENCE OF-	08 25	0 . 0 -	
dea dea otte		Conditions, if any, which gove rise to immediate	(b)	Ohur	apply 1	rulumy 173.	
W. PR		couse or, stating the	DUE TO, OR AS A COL		0	00	
		underlying couse lost	(c)	Cluer	Lynn Sci	ollogia	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The low requires th ottending physicion. (feer this certificote has been signed to os the burnol-tronsit permit. Then pleo th and Mental Hygiene prior to burnol orked or frem 18 shows any injury, or	N.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
COR w red nit. T	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	10g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
L REC	IFIC					IN CERTI	FYING CAUSES OF DEATH?
DF VITAL Clan. The physicio physicio physicio pol- rificote hol- fronsit 18 sho m 18 sho	CERI	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18.	
N OF VIII		OR CONTRIBUTING CAUSE OF DE.		TH DAY YEAR			
ON Inding Inding Or It	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		
IVISI	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	SIREE	CITY OR TOWN	COUNTY STATE
D or Affice of the	-/	22a F certify that (1) (this hasp	ital) attended the deceased	from	19	10 10 15	19 29 , that (I) (we) last
TTEN pitol TOR for u		saw the deceased alive on	of) view the body after death	_19 7 , an	d that in (my) (our) opinior	death occurred on the date and ha	ur and from the causes stated
OR A DIRECTOR OF THEM		226. SIGNATURE	Fot To		DEGREE		22c. DATE SIGNED
the Date Date Date Date Date Date Date Dat		Contlan	de Jun	K	ATTENDING PHYSICIAN	MEDICAL STAFF	
SPIT.		226. PHYSICIAN'S NAME (TYPE O			22e ADDRESS	05	0.0
TO HOSPITAL 1 retoined by the TO FUNERAL 1 should be deto with the Stote 1		CONST	ANTO TT	AN	547-1	Kinder N	(, Sonzpun
To T	23a B	URIAL, CREMATION, REMOVAL	. 236. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
ВР	Bu	rial	12/17/79	Mardela	Memorial Cem	etery Mardela.	Vic Maryland
DHMH - 16 60M 1/75	24. FL	INERAL DIRECTOR		RESS	25a. DA	TE REC'D', BY REGISTRAR 256, R	Marie March
(VR A 15 (4))	HO	LEOWAY FUNE RAL	. HOME. Salis		D	EC1919/9	/ 1

Plattern in the war de now worth Peninsula Careral Hogeltall Sald churry

FO			DEPA	RTMENT OF H	E OF MARYL		YGIENE O	7	1 0 2	
RE	GISTRAR			LEXAMINE	R'S CERTI	FICATE O	F DEATH 7	REG. NO.	1 %	3
	ASED NAME	FIRST	MIDDLE		LAST		20. DATE OF	KNOWN MON	ITH DAY YEAR	26. HOUR
		MAEOLA			HEARN			MATED	L 301979	645 64M
3. SEX	4 RACE	S. DA	TE OF BIRTH	6. AGE (IN YEAR			24 HRS. 2c. DATE		TH DAY YEAR	2d. HOUR
Fem			114/1899	80 YRS	5.		DEAL	Dec	30 19 70	IAM
FOREK	HPLACE (STATE OR			DUNIKY?	MARRIED X		·	OOME CITY OR COL	UNITOFDEATH	
Pen	nsylvania OR TOWN OF DEA		SA AME OF HOSPITAL	NI IDSING HOME	WIDOWED L	DIVORCE		COMICO	RK 12b. KIND OF B	MD.
Par	sonsburg	Rt.	1, Sixty	Foot Roa	ad		FOR MOST OF WO		OR INDUST	ng co.
130. STA	residence (IF IN NUR. ITE ryland	sing home or other 136 COUNTY WICOMICO	13c. C	nce before admissio Tity or town rsonsbur	13d, INSI		Rt. 1,	ess Sixty Foo	t Road	
14 FATH	HER'S NAME	MIDDI	LE	LAST		THER'S MAIDE	NAME	AIDDLE	LAST	
Oma	ar		B	ull		arion		K	ilmer	
(YES, I		IN U.S. ARMED FO	DATES)	OCIAL SECURITY		DRMANT		ADDRESS		
No			cause per line for (a),	4-10-6546	o Mr.	Ernest	Lee Hea	rn (husba	nd) same	as 13
	Conditions, if a gave rise to a cause (a) stating lying cause last. ART 2 OTHER SIGNIFICANT	immediate the <u>under</u> -	(b) DUE TO, OR AS A C			ITIDN GIYEN IN PAR	T 1 (a).		Jeo	
CERTIFICATION	90. DATE OF OPERA	TION	196 CONDITION FO	OR WHICH OPERA	TION WAS PERF	ORMED?			2D AUTOPSY	?
E 7	10. EXTERNAL CAUS	FWAS	21b. TIME OF INJUR	v	Tale HOW INIII	IBV OCCUBBE	S SENTER MATURE OF IN	JURY IN ITEM 18 PART 1 O	YES .	NO D
	INDERLYING CONTRIBUTING		HOUR A.M. MON		1	OCCURREL	, (2. TEAL TAILORE OF ET		as comment as	
(i)	ONTRIBUTING	AUSE OF DEATH	P.M.	19	1 100					
5 2	ONTRIBUTING CONTRIBUTING CONTRIBUTING COURRE OF NOT VAT WORK	ED	P.M. 21e PLACE OF INJU STREET, FACTORY, FAR		211. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
230. BUR (SPEC)	Id. INJURY OCCURR WHILE NOT NAT WORK AT WO 220. I certify that I death resulted from: CTUAL IGNATURE XAMINER'S NAME TYPE OR PRINT)	WHILE ORK took charge of the Notoral course Earl I. EMOVAL 23b. DA	PLACE OF INJUSTREET, FACTORY, FAR e remains described ses Accide Royer, M	JRY (AT HOME. M, ETC.) abave, held an	Autopsy , , , , , , , , , , , , , , , , , , ,	Inspection micide , E (SPECIFY) E (DUTY) ATORY	Undetermined m MEDICAL EXALE AMEDICAL EXALE	onner	y opinion TE 12 -31 SONED 12 -31 SOURTY, Md.	







FOR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

REGISTRAR

Ellen Robinso same as 13 (wife APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED COUNTY STATE Burial /4/80 Parsons Cemeterv Salisbury 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR HOLLOWAY FUNERAL HOME, Salisbury, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

1979

IF UNDER I YEAR

INDUSTRY

eavv

26 HOUR

HOURS

12h KIND OF BUSINESS OR

IF UNDER 24 HRS

Equip.

CIT'S 870	December 31, 1		
	icomico		
		ining lead leading leading	ia,
	20.121		

	١,	FOR			E OF MARYLAND EALTH AND MENTAL HYG	IENE 7 Q	3 1	9 2 9
	Ι'	STATE REGISTRAR	•	. CERTIF	ICATE OF DEATH	REG. N	0.	/ Cm
35		CEASED NAME FIRST Zilla	h Anderson		HENS	26 DATE OF DEATH	12-16-79	9 7:28 A
And I	3 SE	x F	4 RACE	5. DATE C	PERTH YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	
72 hours	. (IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8	NEVER MARRIED	BALTIMORE CITY O		ATH ME
filed within	10, C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL SET IS BUTY	NURSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ION 12b. I F WORKING LIFE) INDU	KIND OF BUSINESS OR USTRY int Company
ould be fa	USU 130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDE		134 INSIDE CITY LIMITS?	13. STREET ADDRESS 417 Truitt		rre company
euwox221		ATHER'S NAME Patrick Eli	MIDDLE	LAST	15 MOTHER'S MAIDEN NA FIRST Georgia		Parke	LAST
medicol		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GR	F WAR OR DATES)	-10-8109	Mrs. Thelma (C. Fields		13
permit. Then please remove one prior to burial, cremotion, ws any injury, ar other fraum	CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS CONTRIBUT	ING TO DEATH BUT	117	200 AUTOPSY?	20b. IF YES, WERE	
ental Hygiene	_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETTHER, NOTIFY MEDICAL EXAMINE)	ATH HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCURI	YES NO RED (ENTER NATURE OF INJUR	YES TORP	NO _
ked or l	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJUR (AT HOME, STREET, FACTOR	Y	21f LOCATION STREET	CITY OR TOV	vn coun	NTY STATE
with the State Dept of Health of Mealth of MPORTANT: If hem 21 is mark		778-1 certify that (I) (this hosp say the Africaned alive or office of the Africane of the Afr	the body offer degree of the body o	1974.0	DEGREE ATTENDING PHYSICIAN 22e ADDRESS RT 50&CTVT	OMEDICAL STAI	FF CIAN	DATE SIGNED
* 3 \$	23a	Burial, cremation, remova Specify) Burial			EMETERY OR CREMATORY Cemetery	173d LOCATION	, WicomTt	co, MarÿTano
DHMH-16 20M RA 15, 4) 7/7B	24 F	UNERAL DIRECTOR DLLOWAY FUNERA 1	AF	obress Sbury, Md.		E REC'D. BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

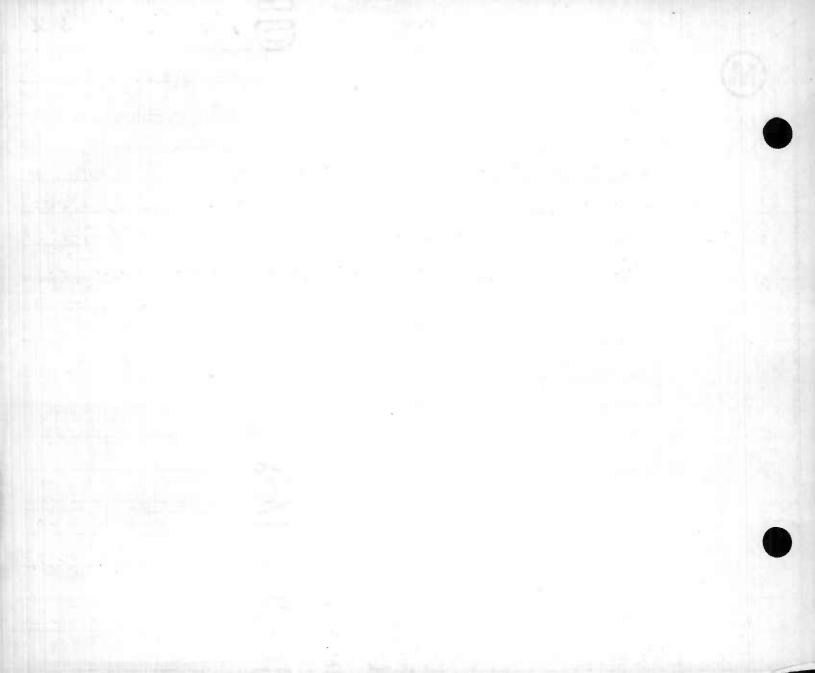
(VR A 15 (4))

Por A TEXAS SPECIAL COMPANY OF THE PERSONS

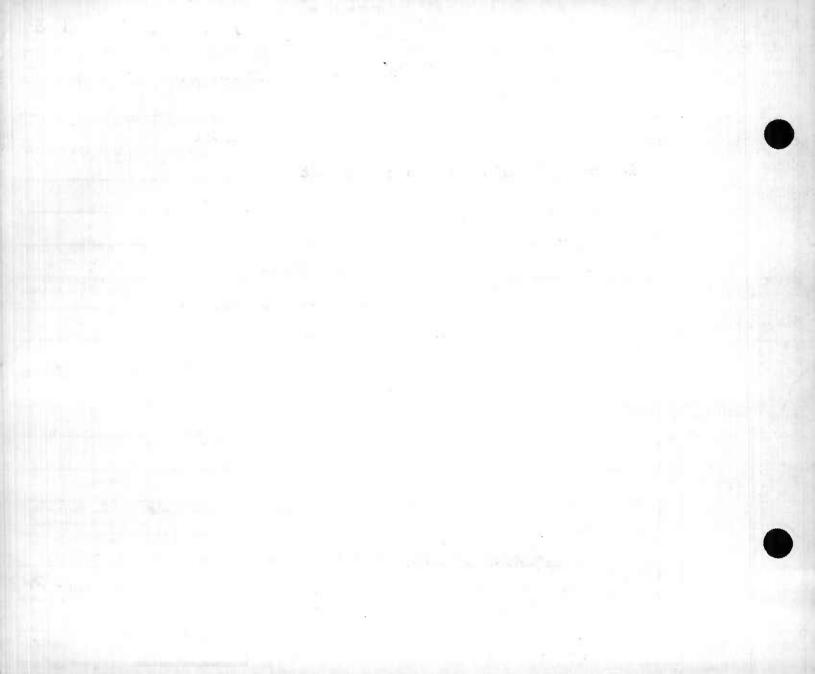
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

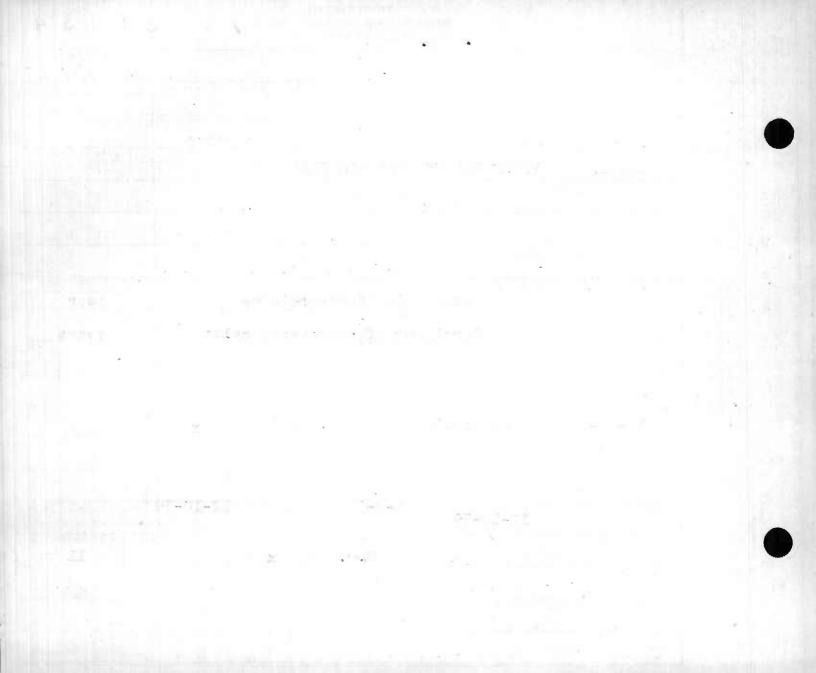
(VRA 15, 4) 7/78



FOR



DEPARTMENT OF HEALTH AND MENTIAL HYGINE 7 1. OCCUPAND AME 1. OCCUPAND AM	- 1			STATE	OF MARYLAND				
CALVIN ALLISON ACC S. DAIE OF BRITH ACC White S. DAIE OF BRITH ACC WHITE WIND ACCOUNTS ACCO	1	- STATE	DEP			/ /	3	1 9	3 4
ALLISON ALLISON ALLISON ACE INTRAIS LOST REPROPERTION ACCOUNTY OF DOATH ACCOUNTY OF THE A	1.0	DECEASED NAME FRST	WIDDLE	LA	ST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1 SEX SACE White SDATE OF BRITH Worth Wort			ALLISON	Hu	mohrevs	Decemb	ne.R	10.1979	9:15
The property of the property	3 5	SEX			BIRTH				
BRITHPLACE SIAN COLORED In CHIZEN OF WHAI COUNTRY MARRED NORKED N		Male	White		10,1930	49	YRS	MONTHS DAYS	HOURS MIN
SALESDURY Md SSA MOOKED MOOKED MOOKED MICHAEL MOOKED MOOKED MICHAEL MOOKED MOOKED MICHAEL MOOKED MO	70.		76. CITIZEN OF WHAT COUN	TRY? B	THEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
SATTSBITEY PENTANGULA CHARACTERS TABLE	35		USA			_			MI
MAN RESIDENCE (PROMESSING AND CONTREMINION C	20	CITY OR TOWN OF DEATH				12a USUAL OCCUPAT	TION OF WORKING LIE	FEI INDUSTRY	
Maryland Wicomico Salisbury Vest Noth Rt. 5, Quantico Road Noth Not	US	UAL RESIDENCE (IF NURSING HOME O			Service Control	1			
Is father's name Is mother's made Note Is mother's made Note	12							oo Poo	d
Howard Twilley Humphreys Mary Virginia Atkinson Howard Twilley Humphreys Mary Virginia Atkinson Howard Twilley Humphreys Mary Virginia Atkinson Howard Twilley Humphreys 12. Not Mary Mary Mary Mary Mary Mary Mary Mary			OMITCO IDATES				lanci	co noa	. U
The was decreased ever in us. Ammediate State St	7.2			10110		V i P C	inia	Atleias	nson
It CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c)	160				J	1000		HUKL	.115 011
It CAUSE OF DEATH LETTER only one course per line for 101, (b), and ic: PART I. DEATH WAS CAUSED BY: Metastatic Adenocarcinoma Part		[YES, NO OR UNKNOWN] [IF YES, GT	VE WAR OR DATES)		(W1		20170	come o	e 13
DUE TO, OR AS A CONSEQUENCE OF (b) Carcinoma of transverse colon Years DUE TO, OR AS A CONSEQUENCE OF (b) Carcinoma of transverse colon Years DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 DATE OF OPERATION 11-15-79 Metastatic CA of abd. wall Yes No In Certifying Causes of Death Wetastatic CA of abd. wall Yes No In Certifying Causes of Death Yes In Certifying Causes of Death Yes No In Certifying Causes of Death Yes In Certifying Cau	-				ms. ovar.	ra. numpin	Cys		
DUE TO, OR AS A CONSEQUENCE OF (b) Carcinoma of transverse colon Years DUE TO, OR AS A CONSEQUENCE OF (b) Carcinoma of transverse colon Years DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 DATE OF OPERATION 11-15-79 Metastatic CA of abd. wall Yes No In Certifying Causes of Death Wetastatic CA of abd. wall Yes No In Certifying Causes of Death Yes In Certifying Causes of Death Yes No In Certifying Causes of Death Yes In Certifying Cau		PART I. DEATH WAS CAUS	inly one couse per line for (a), (b ED BY:	i, ond ici.i	danaaamai	n 0 m o			
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 126 AUTOPSY? 120 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 185 NO 1		IMMEDIA	TE CAUSE (O) THE GREE	CHUIC F	denocarci	Homg		yea	ar.
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 126 AUTOPSY? 120 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 185 NO 1		1231						100	
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 11-15-79 Metastatic CA of abd. Wall YES NOW YES NOW YES NOW YES NO NO YEAR 1000 10		Conditions, if ony, which	(b) Carci	noma or	transver	se colon		ye	ars
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 187 18		couse (a), stoting the		EOUENCE OF					
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 187 18	Z		CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TEL	RMINAL DISEASE OR CON	IDITION GIV	EN IN PART 10	01
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 214 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE 270.1 certify thot (1) (this hospital) attended the deceased from 1-2-5/2 19 19 10 12-10-79 19 19 10 10 10 10 270.1 certify thot (1) (this hospital) oftended the deceased from 1-2-5/2 19 19 10 12-10-79 19 10 10 10 10 270.1 certify thot (1) (this hospital) oftended the deceased from 1-2-5/2 19 19 10 12-10-79 19 10 10 10 270.1 certify that (1) (this hospital) oftended the deceased from 1-2-5/2 19 10 12-10-79 19 10 10 10 270.1 certify that (1) (this hospital) oftended the deceased from 1-2-5/2 19 10 12-10-79 19 10 10 10 270.1 certify that (1) (this hospital) oftended the deceased from 1-2-5/2 19 10 12-10-79 19 10 10 270.1 certify that (1) (this hospital) oftended the deceased from 1-2-5/2 19 10 12-10-79 19 10 10 270.1 certify that (1) (this hospital) oftended the deceased from 1-2-5/2 19 10 12-10-79 19 10 10 270.1 certify that (1) (this hospital) oftended the deceased from 1-2-5/2 19 10 10 270.1 certify that (1) (this hospital) oftended the deceased from 1-2-5/2 19 19 10 10 270.1 certify that (1) (this hospital) oftended the deceased from 1-2-5/2 19 19 19 19 19 19 19 1	一美	190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR FEITHER, NOTHY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE	2 1	11-15-79	Metastati	c CA of	abd. wal	1 YES NOTE			
ORCONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 27d. I certify thot (1) (this hospitol) attended the deceased from 1-2-5 , 19 , to 12-10-79 19 , that (1) (we) lost saw the deceased olive on 12-10-79 19 , ond that in (my) (our) opinion death accurred on the date and hour and from the couses stated obove, (1) (we) Idid, Idid not) view the body ofter death. 27d. SIGNATURE DEGREE M. D. PHYSICIAN DIRECTOR PHYSICIAN 12/11/79 27e. ADDRESS 409 Camden Ave., Salisbury, Md. 23d. BURIAL, CREMATION, REMOVAL 123b. DATE 12/13/79 Springhill Mem. Gardens, Salisbury, Wic., Maryland 24. FUNERAL DIRECTOR NAME ADDRESS ADDRESS DEGREE 27d. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	3	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	-	21c. HOW INJURY OCCU				140
276. I certify that (I) (this hospital) attended the deceased from 1-2-57 19 to 12-10-79 19 that (II) (we) lost sow the deceased alive on 12-10-79 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) Lot-dk (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR STAFF 12/11/79 276. ADDRESS 409 Camden Ave., Salisbury, Md. 276. BURIAL, CREMATION, REMOVAL 123b. DATE 12/13/79 Springhill Mem. Gardens, Salisbury, Wic., Maryland 12/13/19 Springhill Mem. Gardens, Salisbury, Wic., Maryland 12/15 FURENCE DIRECTOR PHYSICIAN DIRECTOR 12/25 DATE REC'D. BY REGISTRAR'S SIGNATURE	- 3		AIR						
270. I certify that (I) (this hospital) attended the deceased from 1-2-57 19 to 12-10-79 19 that (II) (we) lost sow the deceased alive on 12-10-79 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) Joint Alice III (me) Joint Alice III (me) lost sow the deceased alive on 12-10-79 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) Joint Alice III (me) lost sow the deceased alive on 12-10-79 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) lost sow the deceased alive on 12-10-79 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) lost sow the deceased from 12-10-79 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) lost sow that it is a state of the date of the		21d INJURY OCCURRED		EICE EARN ETC.)	211 LOCATION	CITY ON TO	WN	COUNTY	CTAVE
sow the deceased alive on 12-10-79 19 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (h (we) idid (did not) view the bod after death. DEGREE M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 12/11/79 124 PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 12/11/79 126 ADDRESS 409 Camden Ave., Salisbury, Md. 126 BURIAL, CREMATION, REMOVAL 128 DATE 12/13/79 Springhill Mem. Gardens, Salisbury, Wic., Maryland 127 FUNERAL DIRECTOR PHYSICIAN STATE 12/13/79 Springhill Mem. Gardens, Salisbury, Wic., Maryland 128 DATE REC'D. BY REGISTRAR'S SIGNATURE	*		(**************************************	ince, i mim, ere j					JINIE
DEGREE 7726. SIGNATURE 7726. SIGNATURE 7726. SIGNATURE 7726. SIGNATURE 7726. DATE SIGNED 7726. DATE SIGNED 12/11/79 7726. ADDRESS Earl L. Royer, M.D. 7726. ADDRESS 409 Camden Ave., Salisbury, Md. 7236. BURIAL, CREMATION, REMOVAL 238. DATE (SPECERY) Burial 12/13/79 Springhill Mem. Gardens, Salisbury, Wic., Maryland 7236. DATE REC'D. BY REGISTRAR 7586. REGISTRAR'S SIGNATURE		27a. I certify that (I) (this hosp	oital) attended the deceased from	om 1-2-	57 , 19	, to_12-10	-79_	19	that (1) (we) lost
DEGREE M.D. ATTENDING MEDICAL STAFF 12/. DATE SIGNED 12/ 11/79 121 PHYSHARN'S NAME (IVVE ORPRINT) Earl L. Royer, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL (SPECIFY) BURIAL 12/13/79 Springhill Mem. Gardens, Salisbury, Wic., Maryland 24. FUNERAL DIRECTOR ADDRESS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 12/. DATE SIGNED 12/ 11/79 12/ 11/79 12/ ADDRESS 270. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 12/. DATE SIGNED 12/ 11/79 12/ 11/79 12/ 11/79 12/ 11/79 12/ 11/79 12/ 11/79 12/ ADDRESS 12/. DATE SIGNED 12/ 11/79 12/ 11/79 12/ ADDRESS 12/. DATE SIGNED 12/ 11/79 12/ 11/79 12/ ADDRESS 12/. DATE SIGNED 12/ 11/79 12/ 11/79 12/ ADDRESS 12/ DATE REC'D. BY REGISTRAR'S SIGNATURE		sow the deceased alive a	ot) view the hode ofter death	19, onc	that in (my) (our) opinio	in death accurred on the o	late and hou	ir and from the	couses stated
PHYSICIAN DIRECTOR PHYSICIAN DIR			on the decimend of the decimend	D	EGREE			22c. DATE	SIGNED
Earl L. Royer, M.D. 23e. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECELY) Burial 12/13/79 Springhill Mem. Gardens, Salisbury, Wic., Maryland 27f. Funeral Director 25e. Date REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE		Shel	14.	N	I.D. ATTENDING	MEDICAL STA	CIAN	12/	11 /79
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL 12/13/79 Springhill Mem. Gardens, Salisbury, Wic., Maryland 24. Funeral Director 1256. Date rec'd. By registrar 256. Registrar's Signature		124 PHYSICHAN'S NAME (TYPE	OR PRINT)	<u> </u>	72e ADDRESS			1/	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Burial 12/13/79 Springhill Mem. Gardens, Salisbury, Wic., Maryland 24. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR'S SIGNATURE	1	1					Salis	bury,	Md.
24. FUNERAL DIRECTOR ADDRESS 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE		(SPECIFY)				CITY OF TOWN	* 1	COUNTY	STATE
A NAME ADDRESS			12/13/79	Springhi.					
HOLLOWAY FUNERA Home, Salisbury, Md. DEC 1 2 1979 Furery Resources	١	NAME	ADDRES	5	25e. D.	ATE REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE
	78	HOLLOWAY FUNERA	Home, Salisbur	y, Md.		DEC 1 2 197	8	way!	ME Chandy



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78

Comment from Court from - Teles of the second of the second

	13	tems 5,6 g539 1		STATE OF MARYLAND			
- 0	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 7 9	3 1 9	3 6
ge 3		CEASED NAME FIRST	BERT THOMA	rJackson	December	MONTH DAY YEAR	25. HOUR 7 25
	3. SI	X	BIACK	S DATE OF BIRTH MONTH DAY 18491 MArch 9 7800	6. AGE (IN YEARS LAST BIR	THDAY) HE UNGER 1 YES MONTHS DAY YRS.	
M) 32	16	IRTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY C	COUNTY OF DEATH	M
by the filled with	40	alisbury	11. NAME OF HOSPITAL, NURS (# NOT IN SUCH FACILITY, GIVE STRE Peninsula Ge	ing HOME OR OTHER INSTITUTION heral Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTR	OF BUSINESS OF
filled in ould be	134.	STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 131 CITY OR TO		130 STREET ADDRESS	Rd Boy's	160, ma
ond 2 sh	14. F	WITHER'S NAME WITHER'S NAME	MIDDLE JACK	SON IS. MOTHER'S MAIDEN P	NAME MIDDLE	Chus	iast 2Ch
Poges 1	160	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GF	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 28-03	EURITYNO 17 INFORMANT	mitcher	l ladd La	and esas
signed by the attending then please remove corb to buriol, cremation, or in njury, or ather traumatic	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO		RMINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
sene prior	CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
certificate priol-transit tental Hygie them 18 sho	MEDICAL CEN	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OIL (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH P.M.	DAY YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
th and M orked or	WED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TO	WN COUNTY	STATE
ept of Heal		sow the deceased affive a	ortol) attended the deceased from n	DEGREE	on death occurred on the d		-, that (1) (we) lose the couses stated TE SIGNED
should be detached with the State Dept	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN /	2-24-19
Weith Wild Will Will Will Will Will Will Will	23a.	BURIAL, CREMATION, REMOVA SEROPY)	123b. DATE 23c	NAME OF CEMETERY OF CREMATOR	Y 234. LOCATION City Or town	tico Wico	STATE
H-16 20M 15, 4) 7/78	24 F	UNERAL DIRECTOR	OCIAL CHAPTEL	- SALISBURY JEON	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE

the first of the f

polymonia with the second of t

6	5	1	FOR STATE REGISTRAR		DEPAR		FICATE OF DEATH	GIENE 7 9	3	1 9	3 8
ge 3			CEASED NAME FIRST OR PRINTI	e Willi	amson .		BIES	20. DATE OF DEATH		79	3: A A
mo Ter o	4	3. SE	х	4 RACE			OF BIRTH H DAY YEAR	& AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
0.0	1		F	W		MONT 4	-20-85	94	YRS	ONTHS DAYS	HOURS MIN
	2 Souce	70. B	RTHPLACE ISTATE OR FOREIGN OUNTRY) STDURG, Md.	71 CITIZEN OF USA	WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED D	Wicomico			JA.
ol the pa	Outled		Alisbury	(IF NOT IN SU	HOSPITAL, NURS ICH FACILITY, GIVE STREE OUTY NU	ET ADDRESSI	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION OF WORKING LIFE	12h. KIND C	OF BUSINESS OR
in by	9 70	USU	AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION				Housewife		none	
24 h	25		aryland W	COMICO	Salisbu		134. INSIDE CITY LIMITS?	130. STREET ADDRESS 1516 Wood!		na d	
tely 1	a e		THER'S NAME			T.V.	15 MOTHER'S MAIDEN NA	ME	Land ne		
mple ond	en 2)		Alexander	MIDDLE	McLuckie		Marv	WIDDLE	Wil	liamso	
d co	0		VAS DECEASED EVER IN U.S.	ARMED FORCES?			17 INFORMANT	ADDR		-1100	11
Pog n	medico	,	No.	GIVE WAR ON DATES	213-74-	3360	Mrs. Sue Raf	ter (daught	ter) sa	ume as	13
sicio pers	e t		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	er line ler tal, (b), o	ind iciyy	+ 1.		1 ^		MATE INTERVAL ONSET AND DEATH
phy npo	ewon			ISED BY:	melery,	sclere	Le Carde la	sendar de	10 aux	C	leaus,
ding orbo	or re		4292		OR AS A CONSEQ	UENCE OF					
deot offer	ton, oum		Conditions, if ony, which	(Ib)_							
the rem	remo		gove rise to immediate couse 103, stating the	DUE TO, C	OR AS A CONSEO	UENCE OF					
that d by eose	ol, c		underlying couse lost.	(c)_							
equires n signe Then p	injury.	CERTIFICATION	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COM	IDITION GIVE	N IN PART 10	0,
he low r	iene prio		190 DATE OF OPERATION	196 COND	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFY	WERE FINDING CAUSES	
CIAN I g physic ertificate	em 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PA	RT 1 OR PART 2]	
HYS.	or h	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION				
offer of sthe	rked	\$	WHILE NOT WHILE AT WORK	(AT HOME, ST	TREET, FACTORY, OFFICE	, FARM, ETC.)	STREET	CITY OR TO	WN I	COUNTY	STATE
Or O	- ma		220.1 certify the (I) (this ha	apital) attended y	e deceased from	1	19 19 18	10 /2/	7	979	that (I) (we) lost
pritol TOR for u	21 ts		sow Whiteceased alive	nat) view thy body	ofter death	146	nd that in (my) (our) opinion	death occurred on the o	late and hour	and from the	couses stated
hos	hem		THE SHEET AT A	//	oger degin.		DEGREE			22c. DATE	SIGNED
AL Cheto	TI. W		Sell Little	rask	9		ATTENDING PHYSICIAN S	MEDICAL STA	CIAN	11/1	7/79
ned by	TAN	19	PHYSICIANS NAME (THE				224 ADDRESS			/	1
o HO eforne TO FU	MPORTAL	-	DR. EARL				CIVIC AVE,		SALIS	SBURY	MD.
DD.		(SURIAL, CREMATION, REMOV				emetery or crematory arg Memorial F	234 LOCATION CITY OF TOWN		COUNTY	Marylan
or			urial UNERAL DIRECTOR	12/10/		105000		E REC'D. BY REGISTRAF		0 ,	
DHMH-1: (VRA 15,		L	NAME	l Homo	ADDRESS	. M	550	1 1 1979	tinka	y Me C	woody
			OLIGHAY Funera	T DOME	Dalisour	y, Mar	ytano IDLC	111010	-		1_

		DEPARTM		EALTH A		TAL HYG	IENE	7	9 REG.	3	1	9	3	9
	MIDDLE		i.	AST			2a DAT	E OI	DEATH	MONTH	DAY	YEAR	2b. HO	JR
rd	w	J	ONES				Dec	em	ber	17,19	79		12:	00am
4 RACE	^		5. DATE O	FBIRTH			& AGE	(IN Y	EARS LAST B	RTHDAY)	# UND	ERIYEAR	IF UNDER	R 24 HR5
1	3		12	. 3°	0 19	903	7.	5		YRS.	MONTHS	DAYS	HOURS	MIN
76. CITIZEN C	OF WHAT CO	DUNTRY?	-	□ NE	/ER MARI	BIED []	9 BALT	IMO	RE CITY	OR COUNT	Y OF D	ATH		
	2,5,	,	WIDOWE	. /	DIVOR			W	icom	ico				MD.
11. NAME C	OF HOSPITAL			ROTHER	INSTITUT	TION			OCCUPA K FOR MOSI	TIÓN OF WORKING		KIND C	F BUSIN	ESS OR
	DEE	15	HE	140			LA	-14	bor	Kr				
OTHER INSTITUTI ITY BM .	13c. CITY	OR TOWN		YES [1	EET C	ADDRESS	263				
						IDENIALA.								

Salisbury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTIT 13e. STATE 136 COUNTY

(IF YES, GIVE WAR OR DATES)

Howard

14. FATHER'S NAME MIDDLE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSEI IMMEDIAT	y one couse per line for (a), (b), and (c), i BY: E CAUSE (a) Care to Vascular	accedent
736 - Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
	(c)	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

P.M.

CERTIFICATION

210. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

AT WORK

(SPECIFY)

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

AT WORK

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

FOR - STATE REGISTRAR I DECEASED NAME [TYPE OR PRINT)

Je. BIRTHPLACE ISTATE OR FOREIGN

IO CITY OR TOWN OF DEATH

IYES, NO ORLUNKNOWN)

3 SEX

the

p

y filled should b

puo

à e

0

and Mental Hygie

40

has

80

ö

morked

MPORTANT: IF should be detained with the State E FUNERAL

MEDICAL

ă

TENDING

DIRECTOR

0

BP.

ped

COUNTRY

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20e AUTOPSY? NON

MIDDLE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

COUNTY

216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a I certify that (1) (this haspital) attended the deceased from. sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE

DEGREE ATTENDING

STAFF PHYSICIAN | DIRECTOR | PHYSICIAN |

22c DATE SIGNED

STATE

, that (I) (we) last

224 PHYSICIAN'S NAME (TYPE OR BRINT)

22e ADDRESS

Head Center. Salisbury

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

23a. BURIAL, CREMATION REMOVAL

23c NAME OF CEMETERY OR CREMATORY

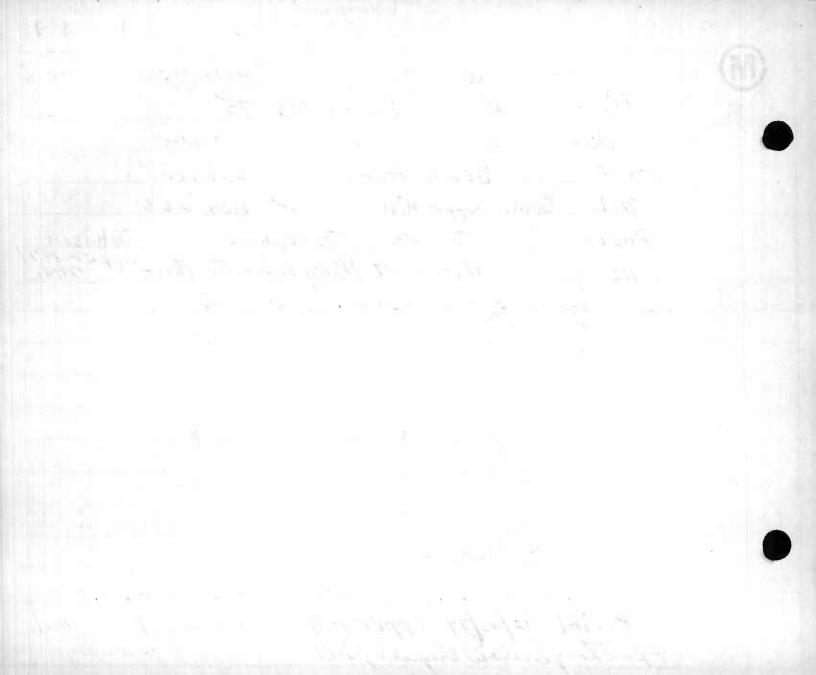
74 FUNERALDIRE 256 REGISTRAR'S SIGNATURE

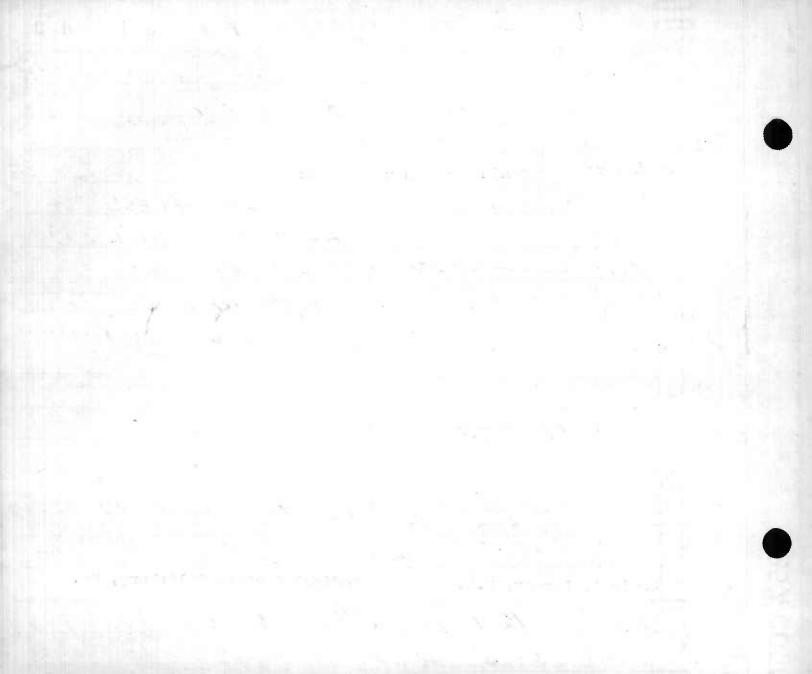
DHMH-16 20M (VRA 15, 4) 7/7B

23d. LOCATION

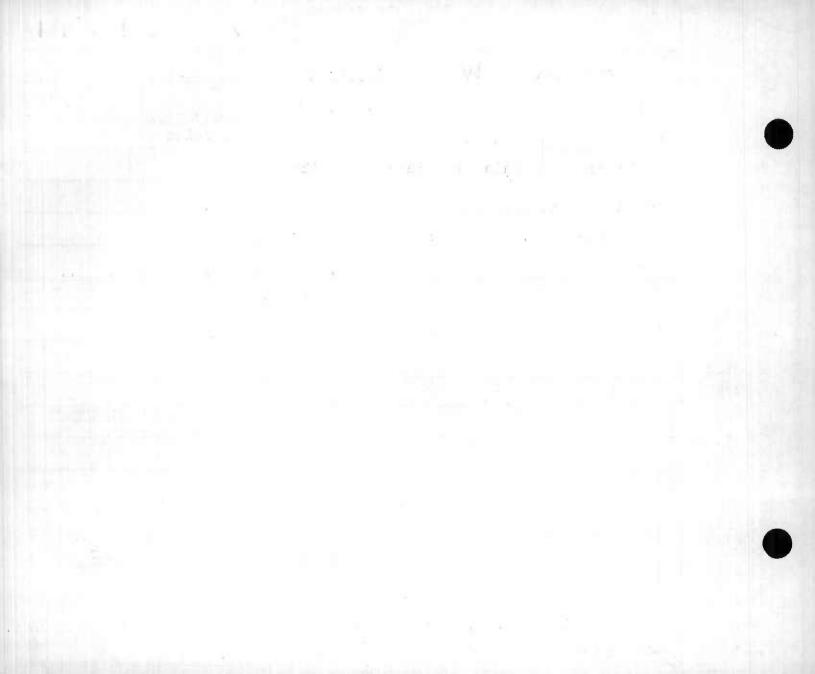
ELTY-OR TOWN

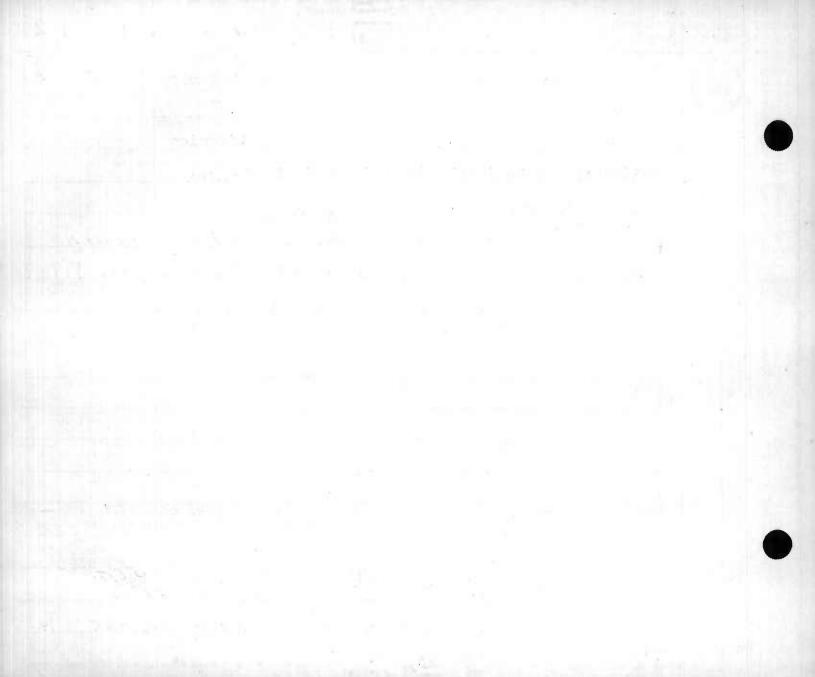
MEDICAL





				STATE OF MARYLAND			
	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 7 9	3 1 9	4
i i	I DE	CEASED NAME FIRST	V W.	Keenan	Dec 2	MONTH DAY YEAR 1979	26 HOUR 902
rs other		Male	White	S DATE OF BIRTH MONTH NVO 21, 1899	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR MONTHS DAYS	
1 2 Longe	L'	IRTHPLACE (STATE OR FOREIGN OUNTRY) Ohlo	76 CITIZEN OF WHAT COUNTRY U · S ·	** MARRIED A NEVER MARRIED (WIDOWED DIVORCED (BALTIMORE CITY O	R COUNTY OF DEATH	
Solified with	1	Salisbury	Peninsula Ge	ING HOME OR OTHER INSTITUTION Eneral Hospital	12a USUAL OCCUPATE (1196 OF WORK FOR MOST OF Farmer		OF BUSINESS
should be		Maryland So	or other institution, give residence before the control of the con	THE THE STATE CHANGE	13n. STREET ADDRESS		
ond 2 s	14, F	ATHER'S NAME ISAAC	W. Keena	n Marie	MIDDLE		ewa v
Poges	l éa	WAS DECEASED EVER IN U.S. AL YES, NO OR UNKNOWN) I IF YES, GIV NO	RMED FORCES? VE WAR OR DATES)		ADDRE Keenan, We	ss estover. M	d. 21
by the attending physics remove corbon pag cremotion, or remove other traumatic event,			DUE TO, OR AS A CONSEQ	DENCE OF Or Fine S	cluses	BEIWEEN	KMATE INTERVAL ONSET AND DEA
In Signed In Then plea or to burst y injury, or	TION	(Sufficesco	lesste 15	DEATH BUT NOT RELATED TO THE TE	se		
mad and 2	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND! IN CERTIFYING CAUSES YES	
A certificate bundifrom Mental Hyg or Nem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE INFEITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	URRED JENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
Her the Day the Day and Control of Control o	ME	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OFFICE		CITY OR TOW	N COUNTY	STATE
DIRECTOR, A pohed for use Dept. of Heal if Nem 21 a.m.	1	saw the deceased alive at	orall affected the deceased from	DEGREE DEGREE ATTENDING		22c DATE	
D FUNERAL hould be deta		224 PHYSICIAN'S NAME (TYPE THOP) AS		MO ATTENDING PHYSICIAN 1228 ADDRESS PIÑE B			128/1°
	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) BUrial	Dec. 31 1020	NAME OF CEMETERY OR CREMATOR	Prince	COUNTY	STATE
HMH-18 20M (A 15, 4) 7/78	24 F	ONERAL DIRECTOR	men Property	Beechwood 250. D	ATE JEAN BY REGISTRAR	Anne : Some	TURE CA





36	1-	FOR STATE REGISTRAR	•	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY . CERTIFICATE OF DEATH	REG. NO	
62.8	1. DEC	CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
		LEONARD		KELLEV	DECEMB.	ER 1 1979 3A.
	3. SEX		4 RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRT	HOAY) IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MIN
recto urs al		Male	White	Nov. 3, 1909	70	YRS.
within 72 hours	Se	etary, Md.	76 CITIZEN OF WHAT COUNTRY USA	MARRIED LX-NEVER MARRIED L WIDOWED DNORCED	Wicomico	
by the fu		TY OR TOWN OF DEATH Lisbury		ing home or other institution	(TYPE OF WORK FOR MOST OF Farmer	
should be in ser must be	13q. S	TATE _ 13b COUP	NOTHER INSTITUTION, GIVE RESIDENCE BEFORM 131. CITY OR TO PRINCE	WN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS Rt. 1, M	t.Vernon Road
e 0	14 FA	THER'S NAME		15. MOTHER'S MAIDEN N.		
and		WiThiam	James Kell	ley Eva	MIDDLE	Madorkey
0		VAS DECEASED EVER IN U.S. AR	EWAR OR DATES)	CURITY NO 17 INFORMANT (W	ife) ADDRE	ss same as 13
o o e	N					llev. Princess
n signed by the attending physicia Then please remove carbonopopers. to burial, cremotian, ar removal. injury, ar other traumatic event, the	z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)		MINAL DISEASE OR CONI	DITION GIVEN IN PART 1(a)
The inju	ATO					
ant prior	I O	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
hos de le	TIFIC	19a DATE OF OPERATION	198 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
rificate has litransit per all Hygiene m 18 shows	CAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE-	21b. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY OCCU		IN CERTIFYING CAUSES OF DEATH? YES NO NO
naing physician. This certificate has burial-transit pe I Mental Hygiene or Item 18 shows	MEDICAL CERTIFIC.	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO YOU ITEM 18, PART 1 OR PART 2)
potal or attending physician. TOR, After this certificate has for use as the burial-stransing a of Health and Mental Hygiene 21 is marked ar Item 18 shows		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. IN JURY OCCURRED WHILE AT WORK AT WORK 226.1 Certify that (1) (this haspi	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR 19 216 HOW INJURY OCCU 19 216 LOCATION STREET 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO PART 1 OR PART 2) YES COUNTY STATE TO COUNTY STATE The and hour and fram the causes stated
pital or attending physician. TOR, After this certificate has for use as the burial-itransit pe of Health and Mental Hygiene 21 is marked at Item 18 shows		21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22e. E certify that (1) (this hasping saw the deceased silve an above, (1) (we start) (did not 22b. SIGNATURE)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IAT HOME. STREET, FACTORY, OFFICE sital) attended the deceased from 19. 21view He body after death.	DAY YEAR 19 216 HOW INJURY OCCU STREET 19 217 LOCATION STREET 19 218 LOCATION STREET 19 219 219 219 219 219 219 219 219 219	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE TO THE ALL OF PART 1 OR PART 2) YES NO COUNTY STATE The and hour and fram the causes stated 22c. DATE SIGNED
Month of the service		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. 1 certify that (1) (this hasp) saw the deceased slive an above, (1) (was Add all (did not above, (1)) (was Add all (did not above, (1))) (was Add all (did not a	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IAT HOME. STREET, FACTORY, OFFICE sital) attended the deceased from 19. 21view He body after death.	DAY YEAR 19 21f LOCATION STREET 19 21f LOCATION STREET 19 21f LOCATION STREET DEGREE ATTENDING	YES NO CITY OR TOW	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE TO THE ALL OF PART 1 OR PART 2) YES NO COUNTY STATE The and hour and fram the causes stated 22c. DATE SIGNED
RECIOR. After this certificate has RECIOR. After this certificate has led for use as the burial-transit per of Health and Mental Hygiene em 21 is marked ar Item 18 shows	WEDICAL MEDICAL	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22e. E certify that (1) (this hasping saw the deceased silve an above, (1) (we start) (did not 22b. SIGNATURE)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (Ital) attended the deceased from December 19. 23b. DATE 21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE (Ital) 22c. STREET, FACTORY, OFFICE (Ital) 23c. STREET, S	DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 212 ADDRESS 233 HOVIO C. NAME OF CEMETERY OR CREMATORY 11 COMICO Mem. Pa	RRED (ENTER NATURE OF INJURE CITY OR TOW A MEDICAL STAL DIRECTOR PHYSIC A ACCORTION CITY OR TOWN PK Salisbu	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE TO COUNTY STATE 19 19 1, that (I) (we) I are and haur and fram the causes stated 12 c. DATE SIGNED 12 - 1 79 COUNTY STATE

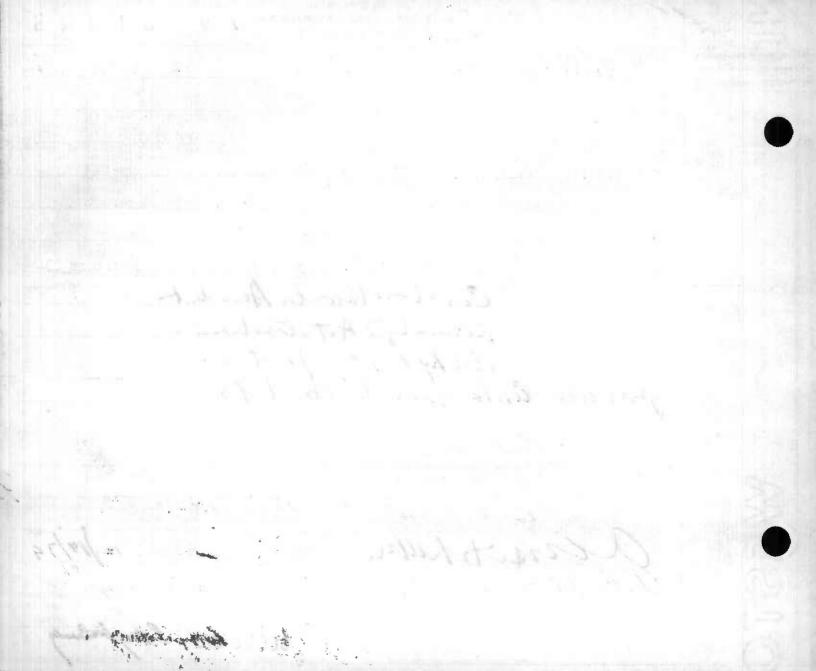


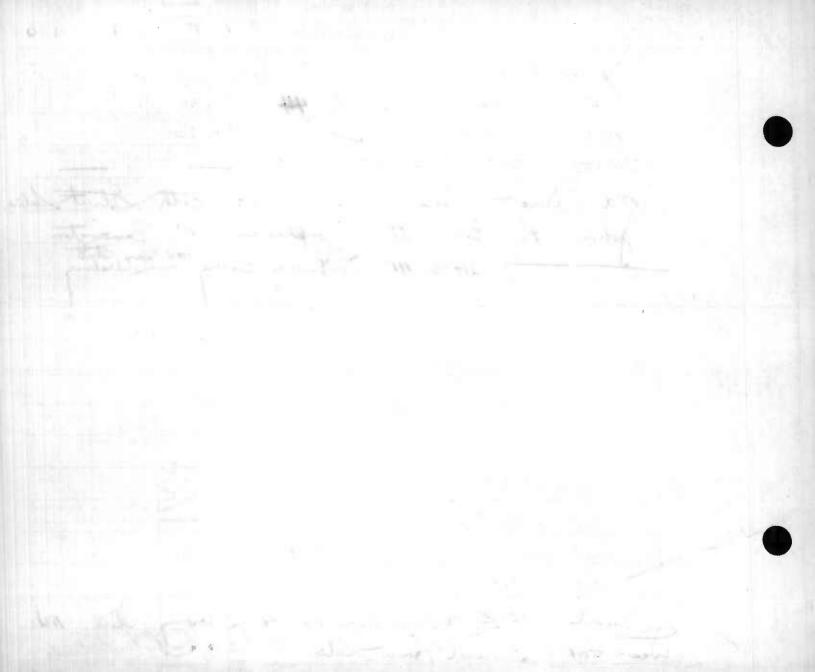
DHMH - 16 50M 7/77

(VR A 15 (4))

NARE

LINGENE ACKECH MACE STREET OF STREET Territory Acts Control x from to their Fills ALCOHOL STATE OF THE STATE OF T THE THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART The period and drawned for bouldering English of the second s





/		FOR			EPARTMEN		MARYLAI		HYGIENE					
	1-	STATE REGISTRAR			DICAL EXA						REG. N	3 1	9 4	1
į.		CEASED NAME OR PRINT)	FIRST THOMAS	F	WIDDLE	LEIER	LAST		26	OF DEATH	KNOWN	MONTH IX	1 DAY YEA	AFF
H. IF ANY DELAYTS NECESSARY PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 1.3. RETAIN PAGE 5 FOR YOUR FILES. 2 SHOULD BE FILED WITHIN 72 HOURS AL RECORDS, 301 W. PRESTON STREET.		ale	4 RACE White	S. DATE OF BIRTH MONTH DAY July 12,1	YEAR LA	GE (IN YEARS IF	UNDER 1 YR.	IF UNDER				MONTH 2/22	DAY YE	AR 2d. HOUR
9	7a. BI	RTHPLACE (S REIGN COUNTRY) J YORK		76. CITIZEN OF WH	AT COUNTRY?	8. MA	RRIED NE		SIED			2/23 OR COUR	NTY OF DEATH	M
80	io. ci Sa.	isbury		11. NAME OF HOSI (IF NOT IN SUCH FAC Peninsula	General General	G HOME, OR O	THER INSTITU		12a. USUA	L OCCUP	ATION (T)		126. KIND OF OR INDU	JSTRY
5	13a. S		(IF IN NURSING HOME O 13b. COUN' WICON	R OTHER INSTITUTION, GIV TY NICO	RESIDENCE BEFOR	OWN	13d. INSIDE (CITY LIMITS?	13e STREE	r addre	ss wood	Apts		
A S S S S S S S S S S S S S S S S S S S	Jo	THER'S NAME FIRST		MIDDLE	Leier		Pr	ier's maidi First Nilame	en name ena	MI	DDLE		Flecke	nstien
	16a. V	AS DECEASE S. NO. OR UNKNO	D EVER IN U.S. ARA	MED FORCES? WAS OR DATES)	103-18	3-4446	Mrs.		orie W	. Le	ord ier,	Count	try Roa port, N	d Y.
, Ca No.		Condition gove riscouse (o) lying cou	IMMEDIAT IMMEDIAT Is if ony, which to immediate istoting the <u>under-</u> ise lost.	DUE TO, OR (b) Br	atus A AS A CONSEQU COnchia AS A CONSEQU	Asthma UENCE OF AL AST UENCE OF	hma						BETWEEN OF	wate interval neet and death nutes
OF HEALTH AND AL, CREMATION, C	IFICATION	190. DATE OF			ION FOR WHIC				ART 1 (a).				20 AUTOP	
TO BUR	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTII	NG CAUSE OF D	P.M.	MONTH DAY	YEAR	OCATION	Y OCCURRE		TURE OF INJU				STATE
EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SH AFTER DERTH, WITH THE STATE DEPAR BALTIMORE, MARYLAND, 21201 PRIOR	4		NAME To a	e of the remains desc		, Suicide [SPECIFY)	Undeter	Inquiry mined mo	nner D	DATE		79
_	24. FL	Runi Runi INERAL DIREC	TOR	2/28/79	St. (of CEMETERY Charles	Cemete	ory ery	23d. LOC CITY OR Pine	ATION	0_1.	co T 4/		York
M - 17 5 ME (5))				HOME, ASSA1	isbury,	Maryla	ind		ALCOHOL:	11/1			1	70

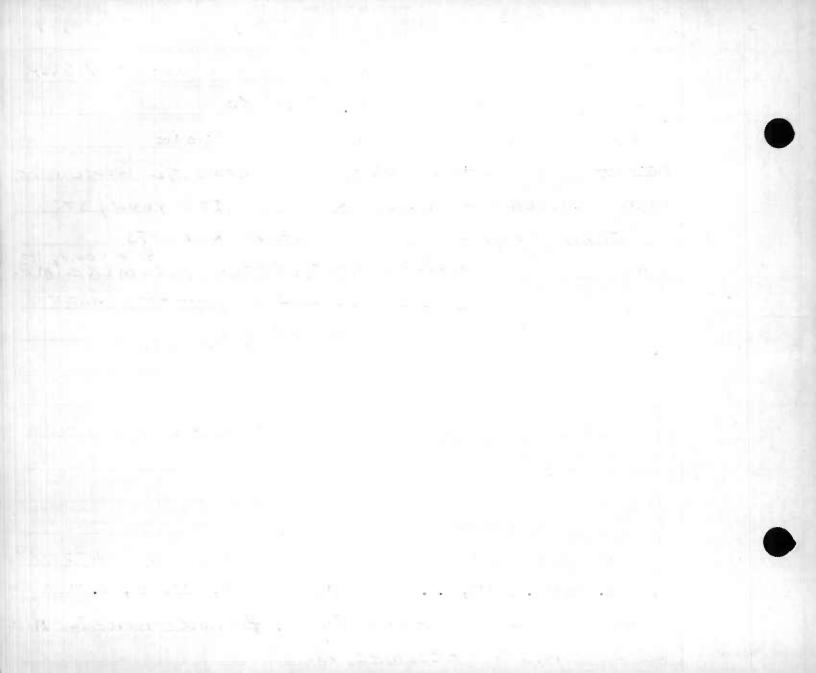
12/23 79 5:

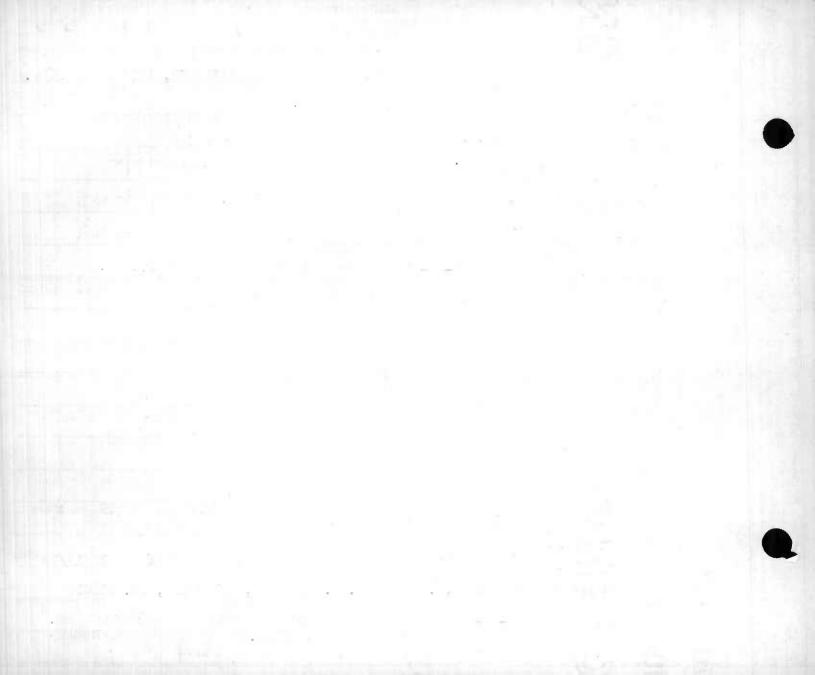
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7 9 3	1 9 4 9
DECEASED NAME	Harriet MODIE	Long	2. DATE OF DEATH MONTH DA	- 79 8:00PM
J. SEX Female		Sept. 6 1896	83	FUNDER 1 YEAR IF UNDER 24 HRS
76. BIRTHPLACE (STATE OR I	2.61	MARRIED NEVER MARRIED MIDOWED DIVORCED	BALTIMORE CITY OR COUNTY O	
Salisbury		HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
	ASING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AC 13b. COUNTY 13c. CITY OR TOWN WOYCESTEY POCOMO	DMISSION) [13d] INSIDE CITY LIMITS?	13. STREET ADDRESS	West
30 IA FATHER'S NAME FIRST	AN TEGALE LAST	15 MOTHER'S MAIDEN NAM	ROBERT	LAST
2 160 WAS DECEASED EVER	R IN U.S. ARMED FORCES? 166 SOCIAL SECURIT	TYNO 17 INFORMANT BSI MARTHA O	TIPN POCO	8 Young St
18 CAUSE OF DEAT	TH (Enter only one couse per line for (a), (b), and (a) WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardo	ac arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINGT + C.
Conditions, if ony gove rise to im couse 101, state underlying couse	DUE TO, OR AS A CONSEQUENT (b) GENERAL (C) DUE TO, OR AS A CONSEQUENT (c)	real ordinoschi CE OF Caralisva	restre	
	multiple deephin			a fould s
190 DATE OF OPERA		PERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
OR CONTRIBUTION	CAUSE OF DEATH HOUR A.M. MONTH DAY		RED JENTER NATURE OF INJURY IN ITEM 18, PAR	RT 1 OR PART 2)
THE STITHER, NOTIFY MEDING TO A TWORK NOTIFY MEDING TO A TWO A TW	(AT HOME, STREET, FACTORY, OFFICE, FARA	M, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	l) (this hospital) attended the deceased from	, and that in (my) (aur) opinion (, to, 10 death accurred on the date and hour	
278. SIGNATURE	rey M. Tustur,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12 -5 -7
22d PHYSICIAN'S N	Nancy W. Tustin, M.D.	Deer's Head	Center, Salisbury	, Md. 21801
			23d. LOCATION	
230 BURIAL, CREMATION ISPECIFY) BUYIL	1, REMOVAL 23 DATE 23 NA 21 12-9-79 100	ME OF CEMETERY OR CREMATORY 2115 Hill 250 DAT	Pacomoke-w	OVER JOY M





	ath. Page 4 may	eral director, pa
The state of the s	e executed within 24 hours after da	n and campletely filled in by the fune Pages 1 and 2 shauld be filed within
CALLES OF ALL STREET, MANUAL STREET,	R ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after again. Page 4 may hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, porhed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within 72 hours after d
	R ATTENDING PHYSICIAN The la haspital or attending physician.	RECTOR: After this certificate has red for use as the burial-transit per

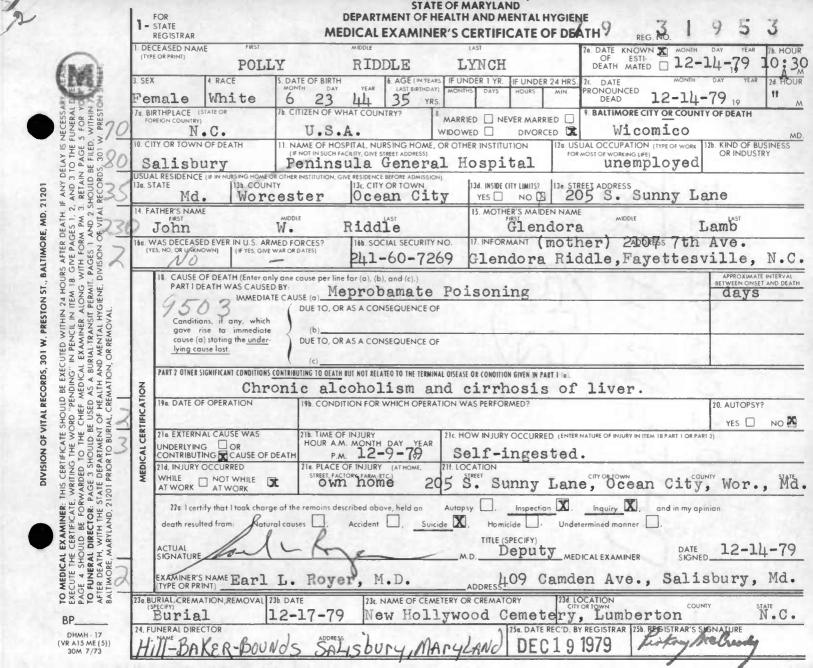
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME FIRST 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ALMA LORENZ DECEMBER 26. 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR ... DAYS HOURS To BIRTHPLACE STATE OR FOREIGN BALTIMORÉ CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WI COMICO DIVORCED [WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST O WORKING LIFE) INDUSTRY DEER'S HEAD CENTER SALISBURY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS WICOMIC YES A NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDI LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ÷ 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to ather traumatic DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last 20 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ŏ 0 101 ratiou neumoni prior FICAT 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NOF sho 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH arked or them MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (this hospital) attended the deceased from NOV 1/2 20 79 Dec. and that in (not our) apinion death accurred on the date and hour and from the causes stated saw the deceased alive on_ 21 do. above, X (we) (did) (did (pat) view the body after death ould be detached ith the State Dept. 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL FUNERAL D ATTENDING MPORTANT: IF PHYSICIAN | DIRECTOR PHYSICIAN 22e. ADDRESS 226. PHYSICIAN'S NAME (TYPE OR PRINT) P.O. Box 2018, Salisbury, Md. 21801 Shouth th 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) COUNTY BP. 250. DATE REC'D BY REIS STRAR 256. RESIDERAN -BAKER-BOUNDS "Ja Lisbury, Ma DHMH - 16 50M 7/77 (VR A 15 (4))

State	6.07 (6.0)	proti	
		Refer date at Avo	
	11.01.12(1)		
	STEP AND THE STATE OF		anagua
	Carling of the Contract		HE STATE
		, ac . ac . ac	
In:			
			A WATER

	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	1 9 5 2
(M)		CEASED NAME FIRST Arthu	ir Lee	LYNCH	December 23, 19	179 VEAR 26 HOUR
ge 4 mg	3. SE	Male	Cauc,	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
nerol dir.	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Wicomico	Y OF DEATH MD.
by the fu		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY Hay ieu/ture.
filled in rould be		STATE A 1 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO VICE TO STORY BETTER		13. STREET ADDRESS / ST	+
ompletely ond 2 sh	14. FA	Albert L	ee Lync,	h Hettle	Louise	Davis
be execution on the control of the c		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN)	MED FORCES? 166 SOCIAL SEC WAR OR DATES] 2 18-24-	-4491 Mrs Marion 1	-Hastings-219B	road St. Md.
equires that the death certificate in signed by the attending physic. Then please remove carbon paper to burial, cremotion, or removal injury, or other troumatic event, the contract of the c	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	noma of Colon JENCE OF	1. 01-	
bee rmit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
G PHYSICIAN: The I other ding physicion. er this certificate has the buriol-transit per and Mental Hygiene and Mental Hygiene ked or Item 18 shows	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, I	COUNTY STATE
hospital or IRECTOR: After the for use or ept. of Health them 21 is most		saw the deceased alive on	tal) attended the deceased from.	, and that in (my) (aur) opinion DEGREE	, to, do	19, that (I) (we) last or and from the couses stated 22c. DATE SIGNED
TO HOSPITAL O etoined by the TO FUNERAL D should be detocl with the Stote DR IMPORTANT. If I		Marcy M. Tu		22e ADDRESS	□ MEDICAL STAFF PHYSICIAN S Center, Salisbur	y, Md. 21801
BP	-	BURIAL, CREMATION, REMOVAL BUTION	12/27/79 E	NAME OF CEMETERY OR CREMATORY Vergreen Cemete	23d. LOCATION CITY OR TOWN THE REGISTRAN 256 REGIST	COUNTY
DHMH - 16 50M 7/77 (VR A 15 (4))	64 11	NAME	108 Wil	lians St. Berlin	67 0 1373	/ 6/

ARE ESTAMBATE

on the little



The second of th BURELLEY WOLF INGSTON ALL Property of addition and the Party-Law Car. The same of state divined Lhestronics-1432 State Eller To Manager and A Control of the cont

Entrange of the Company of the Compa

1		05040	STATE OF MARYLAND		
- STATE	RAR			E DE DEATH	955
	T	SEPH E.	MAROUSEK	26. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR
3. SEX	4. RACE	5. DATE OF BIRTH	LAST BIRTHDAY) MONTHS DAVE HOUSE		MONTH DAY YEAR 2d HOUR
			54 YRS.	DEAD 1	Z-II-17 19 M
S FOREIGN CO	land	USA	WIDOWED DIV	ORCED Wicomic	MD.
30 Sa	lisbury I	OA Peninsu.	street appress) La General Hospit	12d. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
35 130. STATE	Md. Dore	or other institution, give resident TY chester E.	Y OR TOWN	STREET ADDRESS BOX	x 200-A
9/ FIR	T	MIDDLE	LAST FIRST	MIDDLE	LAST
160 WAS DE	CEASED EVER IN U.S. AR	MED FORCES? 166. SC		ADDRESS	dra
Yes	WW	11 21		Marousek, P. Ne	ewNarket,ND
18. C/	REI DEATH WAS CAUSED	BY:		HT.	BETWEEN ONSE AND DEATH
276	anditions, if any, which	DUE TO, OR AS A CO	NSEQUENCE OF		
9	ove rise to immediate use (a) stating the <u>under-</u>	(b) DUE TO, OR AS A CO	NSEQUENCE OF		
_iy		(c)			
PARI Z	OTHER SIGHIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT HOT RE	ATEO TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1 (g)	
7 19 19 E. D.	ATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED?	her transfer and the	20. AUTOPSY?
21a E)		216. TIME OF INJURY	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
UNDE				ng tree down,	
O AT W	DRK NOT WHILE	STREET MCTORY FARM		Hill Rayor, jownr E	Dorchester . New Market Md
99 220					d in my apınian
deat	resulted fram: Newton	ol causes , Accident		Undetermined manner	
ACTU. SIGNA		crae			DATE 12-13-79
EXAM (TYPE	NER'S NAME Ear	l L. Royer,	M.D. ADDRESS 40	9 Camden Ave.,	Salisbury, Md.
				23d. LOCATION CITY OR TOWN	COUNTY STATE
		12-14-79 01			STRAR'S SIGNATURE
Len	Celler, Ea	st New Mark			by bolings
	REGIST I. DECEASE (TYPE OR PRIN 3. SEX Male FOREIGN CO PART 10. CITY OR T Sa USUAL RESID 130. STATE 14. FATHER'S FRS 15. CA PA 18. CA PA 19. DA 19. DA 21a EX WHILE AT WC 22a BURIAL C (SPECIFY) PATT 2 24. FUNERAL 24. FUNERAL	I STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE Male 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Salisbury USUAL RESIDENCE (IF IN NURSING HOME OF 136. STATE Md. 14. FATHER'S NAME FIRST TOMBOTH WAS DECEASED EVER IN U. S. ARK (YES, NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE! IMMEDIA! Conditions, if any, which gave rise to immediate cause (o) stating the under- lying couse lost. PART 2 OTHER SIGHIFICANT CONDITIONS 19a. DATE OF OPERATION 19a. DATE OF OPERATION 21a. INJURY OCCURRED WHILE AT WORK 22a. I certify that I took charg death resulted from: WHILE AT WORK 22a. I certify that I took charg death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 124. FUNERAL DIRECTOR	RESISTRAR I. DECEASED NAME (TYPE OR PRINT) JOSEPH B. 3. SEX 4. RACE Male White 3. SEX 4. RACE MALE MALE	DEPARTMENT OF HEALTH AND MENTA REGISTRAR REGISTRAR REGISTRAR JOSEPH B. MAROUSEK 1. DECEASED NAME (TYPE OR PRINT) JOSEPH B. MAROUSEK JOSEPH B. MAROUSEK 3. SEX 4. RACE JOSEPH JOSEPH JOSEPH JOSEPH JOSEPH JOSEPH JOSEPH JOSEPH B. MAROUSEK AGE (NYEARS) IF UNDER 1 YR. IF UN MAROUSEK MAROUSEK MAROUSEK JOSEPH B. MAROUSEK MAROUSEK MAROUSEK MAROUSEK MAROUSEK MAROUSEK JOSEPH JOSEPH B. MAROUSEK MAROUSEK MAROUSEK MAROUSEK MAROUSEK MAROUSEK JOSEPH B. MAROUSEK MAROUSEK MAROUSEK JOSEPH J	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME (1793) JOSEPH E. MAROUSEK MAROUSEK JOSEPH E. MAROUSEK MAROUSEK MAROUSEK JOSEPH E. MAROUSEK MAROUSE

OWNER TENT Anti-Cont. Insignor Ishonov afrantos Add websited The transfer of the property of the state of the late Little Sanutone A most on the line out time down, the necession. billy as a line of the as a line as The state of the s CON MOLINE, THE CHANNES OF THE STATE OF THE

MD 2/853

MIDOLE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

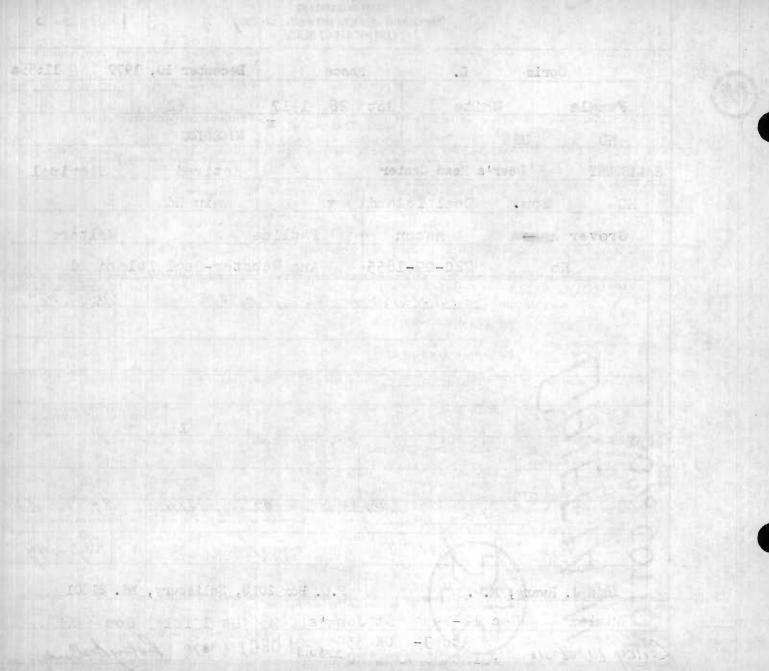
20. DATE OF DEATH

- STATE

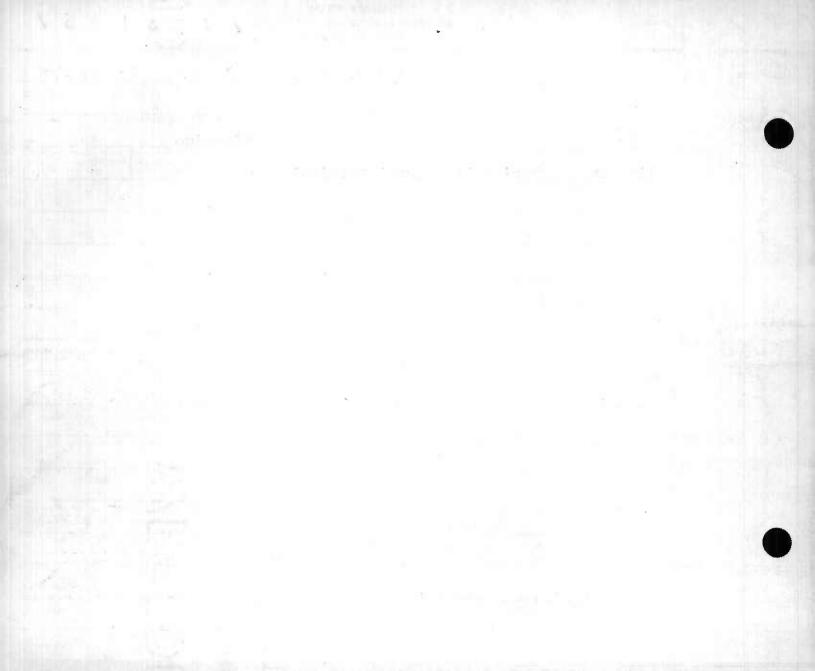
(VR A 15 (4))

REGISTRAR

1. DECEASED NAME



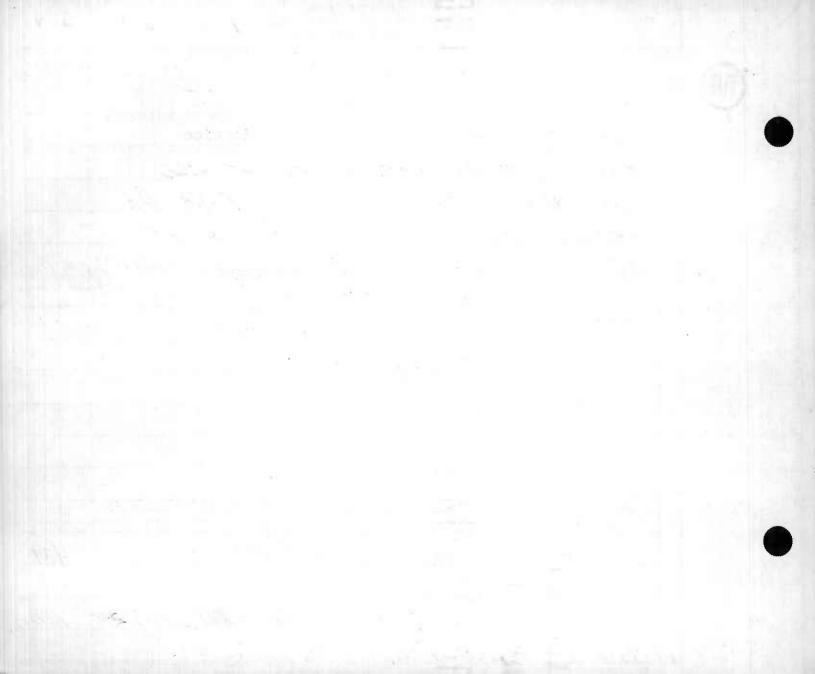
I. DE	REGISTRAR ECEASED NAME FIRST	MIDDLE	CERTIFIC	CATE OF DEATH	REG. N	IO. MONTH DAY YEAR
(TYP	LEON	N SANFORD	m 43	T+11=111C	DECLIM	DED 30 1979
3 SE		4 RACE	5. DATE OF	FBIRTH	AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR
	Male	White	Oct.	29. 1893	86	MONTHS DAYS !
7a. 8	SIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	NTRY?			OR COUNTY OF DEATH
	Maryland	USA	WIDOWED	NEVER MARRIED DIVORCED	Wicomic	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OF		12e. USUAL OCCUPAT	ION 12b, KIND OF
SO s	alisbury	Peninsula (Hospital	(TYPE OF WORK FOR MOST OF Salesman-di	
USU		E OR OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION		13e STREET ADDRESS	
			isbury	YES NO	704 S. P.	ark Drive
14. F.	ATHER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NAM		LAST
20	Sanford		tthews	Maggie	Jane	Guthrie
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDR	same as
	Yes W	V I 214-1	10-9125	Mrs. Beati	rice W. M	atthews (wi
101	18 CAUSE OF DEATH (Ente	r only one couse per line for (o), (USED BY:	(b), and Ris	bar F	2	BETWEEN ON
, de la contraction de la cont		DIATE CAUSE (a)	Kerguer	ring ma	nluy	
200000000000000000000000000000000000000	496-	DUE TO, OR AS A CON-		Self ,	Pledin	
	Conditions, if any, which		munu	Obstruct	uce) acre	meny
	gove rise to immediate couse (a), stating the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	with Ou	I Lovana	in to
	gove rise to immediate couse (0), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF	with au	to exacer	Matru
	gove rise to immediate couse (0), stating the underlying couse last.		SEQUENCE OF	with au	to exacer	Natural No. of Part 1100
	gove rise to immediate couse (0), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF ESCALE	With aug	to exacer	Could /10 206. IF YES, WERE FINDING
	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAT	DUE TO, OR AS A CONTRIBUTION CONTRIBUTION COLOR	SEQUENCE OF ESCALE	With aug	NALDISEASE OR COM MULLETYN 200 AUTOPSYS	200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF
Stows on Injury, or other Secretary, or other	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAT	DUE TO, OR AS A CONTRIBUTION TO CONDITIONS CONTRIBUTION THE CONDITION FOR V 216 TIME OF INJURY	REQUENCE OF	With aug	NALDISEASE OR COM PRELICTIFE 200 AUTOPSY YES NO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES C YES
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONTRIBUTION TO CONDITIONS CONTRIBUTION THE CONDITION FOR V THE CONDITION FOR V DEATH HOUR A.M. MONTH	IS TO DEATH BUT NO COLOR WHICH OPERATION	NOT RELATED TO THE TERMINAL SUIT CLUMES	NALDISEASE OR COM PRELICTIFE 200 AUTOPSY YES NO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES C YES
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAT UNLUAL 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI- 21d. INJURY OCCURRED	DUE TO, OR AS A CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITION FOR V TO CONDI	IS TO DEATH BUT NEW COLOR OF THE COLOR OF TH	NOT RELATED TO THE TERMINAL SUIT CHANGE STATE OF THE PROPERTY	NAL DISEASE OR CON 200 AUTOPSY YES NO ED (ENTER NATURE OF INJURE)	206. IF YES, WERE FINDING IN CERTIFYING CAUSES CONTROL OF PART 2)
Solution of the state of the st	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFIC AT JUNEAU 19 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DUE TO, OR AS A CONTRIBUTION TO CONDITIONS CONTRIBUTION THE CONDITION FOR V THE CONDITION	IS TO DEATH BUT NEW COLOR OF THE COLOR OF TH	NOT RELATED TO THE TERMINAL SINUS PERFORMED	NALDISEASE OR COM PRELICTIFE 200 AUTOPSY YES NO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES CONTROL OF PART 2)
CERTIFICATION	gove rise to immediate couse (01, stating the underlying couse last. PART 2 OTHER SIGNIFICAN 100 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OI (IF EITHER, NOTIFY MEDICAL EXAM) 214. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAM	DUE TO, OR AS A CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITION FOR V TO CONDI	INTERPLET OF STATE OF THE PART	NOT RELATED TO THE TERMINAL SUIT CHANGE STATE OF THE PROPERTY	NAL DISEASE OR CON 200 AUTOPSY YES NO ED (ENTER NATURE OF INJURE)	206. IF YES, WERE FINDING IN CERTIFYING CAUSES CONTROL OF PART 2)
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICATE SIGNIFI	DUE TO, OR AS A CONTRIBUTION TO CONDITIONS CONTRIBUTION THE CONDITION FOR V THE CONDITION	THE DAY YEAR OFFICE, FARM, ETC.)	NOT RELATED TO THE TERMINAL SUIT CLUMES WAS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION STREET	NAL DISEASE OR COM 200 AUTOPSY YES NO ED (ENTER NATURE OF INJURE) CITY OR TO	PRINCE TO THE PR
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICATE SIGNIFI	DUE TO, OR AS A CON (c) NT CONDITIONS CONTRIBUTION 196 CONDITION FOR V DEATH HOUR A.M. MONTH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	THE DAY YEAR OFFICE, FARM, ETC.) From 19 1, onc	NOT RELATED TO THE TERMINAL SINUAL SI	PALLOTY OF TO LEAST OF THE COLOR OF THE COLO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES COUNTY WIN COUNTY LOTE ON THE COUNTY
MEDICAL CERTIFICATION	gove rise to immediate couse lost, stating the underlying couse last. PART 2. OTHER SIGNIFICAT PART 2. OTHER SIGNIFICAT 11° DATE OF OPERATION 21° ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CONTRIBUTING NOT WHILE AT WORK 21° NOT WHILE AT WORK 22° Lettify that (1) (this he saw the deceased alive above, (1) (we) (dididide	DUE TO, OR AS A CONTRIBUTION TO CONDITIONS CONTRIBUTION THE CONDITION FOR V THE CONDITION	THE DAY YEAR OFFICE, FARM, ETC.) From 19 1, onc	NOT RELATED TO THE TERMINAL SUPPLY OF THE TER	NAL DISEASE OR CON MULLITYPE 20a AUTOPSY YES NO CITY OR TO CITY OR TO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES COUNTY WAN COUNTY Lote ond hour ond from the county 22c. DATE S
MEDICAL CERTIFICATION	gove rise to immediate couse lost, stating the underlying couse last. PART 2. OTHER SIGNIFICAT PART 2. OTHER SIGNIFICAT 11° DATE OF OPERATION 21° ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CONTRIBUTING NOT WHILE AT WORK 21° NOT WHILE AT WORK 22° Lettify that (1) (this he saw the deceased alive above, (1) (we) (dididide	DUE TO, OR AS A CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITION FOR W	THE DAY YEAR OFFICE, FARM, ETC.) From 19 1, onc	NOT RELATED TO THE TERMINAL SUPPLY OF THE TER	PALLOTY OF TO LEAST OF THE COLOR OF THE COLO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES COUNTY WAN COUNTY Lote ond hour ond from the county 22c. DATE S
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 22a.t certify that (I) (this he saw the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TY	DUE TO, OR AS A CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITION FOR W	THE OUENCE OF SECULAR BUT N COLOR WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.) from 12 19 0 0 0 0 0 0 0 0 0 0 0 0 0	NOT RELATED TO THE TERMINAL SUMMERS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION STREET 4 19 4 d that in (my) (aur) apinion of the complete of the complet	PALL DISEASE OR CON 200 AUTOPSY YES NO ED (ENTER NATURE OF INJU CITY OR TO AUTOPSY CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC	PRINCIPLE INDING 10b. IF YES, WERE FINDING IN CERTIFYING CAUSES COUNTY
MEDICAL CERTIFICATION	GOVE rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFETHER NOTHY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK NOT WHILE AT WORK AT WORK DAVE, (I) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (IY HE I EN M.	DUE TO, OR AS A CONTRIBUTION TO CONDITIONS CONTRIBUTION 196 CONDITION FOR V 196 CONDITION FOR V DEATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C) DESPITED ATTER 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C) DESPITED PE OR PRINT) Baldado, M. (AL 23b. DATE	THE OUENCE OF SELECTION IG TO DEATH BUT N PART 19 OFFICE, FARM, ETC.) From 12 19 D D D D	21c HOW INJURY OCCURR 21t LOCATION STREET 4 thot in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS	PALL DISEASE OR CON 200 AUTOPSY YES NO ED (ENTER NATURE OF INJU CITY OR TO AUTOPSY CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC	PRINCIPLE INDING 10b. IF YES, WERE FINDING IN CERTIFYING CAUSES COUNTY
MEDICAL CERTIFICATION	gove rise to immediate couse lost. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 100 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION 214. INJURY OCCURRED AT WORK NOTHEY MEDICAL EXAMI 214. INJURY OCCURRED AT WORK AT WORK 220. E certify that (1) (this he saw the deceased allow above, (1) (we) (did) (did) 226. SIGNATURE 226. PHYSICIAN'S NAME (1) Helen M.	DUE TO, OR AS A CONTRIBUTION (c) NT CONDITIONS CONTRIBUTION 196 CONDITION FOR V 196 CONDITION FOR V DEATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C) 2spital) attended the deceased an another deceased another d	TO DEATH BUT NO COLOR OF CE FARM, ETC.) TO DEATH BUT NO COLOR OF CE FARM, ETC.) TO DEATH SUT NO COLOR OF CE FARM, ETC.)	NOT RELATED TO THE TERMINAL SUIT CLUMBLES WAS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION STREET 217 LOCATION STREET 218 ATTENDING PHYSICIAN 220 ADDRESS Salisbury METERY OF CREMATORY SCEMETERY COMMETERY COMMET	NAL DISEASE OR CON 200 AUTOPSY YES NO ED (ENTER NATURE OF INJU CITY OR TO MEDICAL STA DIRECTOR PHYSIC MA Pylan 234 LOCATION CITY OR TOWN Salisbu	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES COUNTY WN COUNTY Lote and hour and from the county CIAN 272. DATE S AFF CIAN 272.



A CHILASA X IN THE STATE OF The probabilities and the second of the seco CONTRACTOR OF THE STATE OF THE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



	1						OF MARYLAND		- 1 A	60
		1 -	FOR STATE REGISTRAR		DEPARTI		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO	3 1 7	0 0
_			EASED NAME FIRS		MIDDLE	LA	T	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
9			Atwo	ood	H.	Mear	5	December	22, 1979	11:45PM
Ou A	3	B. SEX		4 RACE		5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
e de la			nale	cuac.		Mar.	15, 1897	82	YRS.	HOURS MIN.
P 2 2	7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
death and a	6		Delaware	U.S.1	4.	WIDOWED		Wicomico		MD.
offer of with led with	1		Lisbury	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET S Head Co	ADDRESS)	OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	F BUSINESS OR
in be fill be fill			L RESIDENCE (IF NURSING HOTATE 13)					ret farme		
filled ould b	16	700	0 16	OUNTY	77 2 R	ex 21	YES NO G	130. SCHEKKAKBOKIK Selbuvill	2- 2-0	
othin 2 sho			THER'S NAME		1 /4 DI	0x 213	15. MOTHER'S MAIDEN NA		e, Deloware	
ed wi	3		Henry Clay	Mears	LAST		FIRST	MIDDLE	Hudian	T .
5 0	5 1		AS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	Hudson SS	
n and on medico	5	(4	ES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	217-14-8	334	Elizabeth S.	Mearw - Se	elbwille. De	1
ficate b ohysicia papers naval. ent, the	F		18. CAUSE OF DEATH (Ent	er only one couse pe					APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
rtifica I phys anpap emavo			PART I. DEATH WAS CA	AUSED BY: DIATE CAUSE (0)	arterio	schero	tic cardio,	vascular d	isease ~	20419
h ce carbing ar ri			4292	DUE TO, C	OR AS A CONSEQUE	ENCE OF	ad	vanced	The state of the s	0
e death ce attendin nave carb atian, ar i			Conditions, if ony, which			in the first				
er er er			gove rise to immediate couse (a), stating the	DUE TO C	R AS A CONSEQUE	ENCE OF				
d by lease ial, cr			underlying couse los	t. (c)					(Test to a trace)	
gne gne bur		,	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	G 1		bitus do
	_	CERTIFICATION	organic	brain:	syndrou	ue	, - (0, 0, 0)	(hip, her		
A E G D	7	FICA	190 DATE OF OPERATION	196 COND	ION FOR WHICH	OPERATION	WASPERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	OF DEATH?
F 0 - 0 0	4	E	21g. ACCIDENT WAS UNDERLYIN	G 21b. TIME C	OE IN HIDD	-	21. HOW INTUING OCCUPE	YES NO	YES 🗌	NO 🗍
physicial physic			OR CONTRIBUTING CAUSE	140110 4		AY YEAR	21¢ HOW INJURY OCCURE	CED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
SIG Office offic		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED		.M. OF INJURY	19	211 LOCATION			
offending offer this as the burn hand M		MEC	WHILE NOT WHILE AT WORK	(AT HOME, ST	TREET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE
R: A USe dealt	-1		22a.1 certify that (1) (this		he deceased from _		, 19	, to		that (I) (we) last
Spite CTO Lfor of H			sow the deceased alivabove, (1) (we) (did) (d	e onid not) view the body	y ofter death.		that in (my) (our) opinion (death accurred on the do	ate and hour and from the	couses stated
TAL OR A the how the house detached total bire total both. If then			226. SIGNATURE	1 mi	Tustere,	740	EGREE ATTENDING PHYSICIAN	MEDICAL STAR		SIGNED
HOSPITAL ined by the FUNERAL wild be det bethe Stote	I		224. PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS			EQUALS.
TO HOSPITAL retained by the To FUNERAL I should be deto with the Stote I IMPORTANT: If			Nancy W. T	ustin , M	.D.	A Francisco	Deer's Head	Center, Sal	isbury, Md.	21801
5 5 5 ₹ 3 ₹		23a. B	URIAL, CREMATION, REMO			NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP			Burial	12/26/	/79 E	vergre		Berlin,	Worcester C.	, Md.
DHMH-16 50M 7/77		24. FL	NERAL DIRECTOR	1	ADDRESS		250 DATI	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNAT	URE
(VR A 15 (4))		1	celoud T. W	rteon	Sell	wille	Del. D	FC2014/9	per pay 18	Creody

1 - e e : 200 (20)		usuli	1.	(,	a l
	THE THE	-Annth			
the man be proposed to the con-					
ATAA .		Testino I	malf gl-		vindati d
		E 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19.7	No. 2016	
Nascari .					Change Co
S. January Salkarillia, Jal.					011
and the second second second					

Ribelle, Mr.

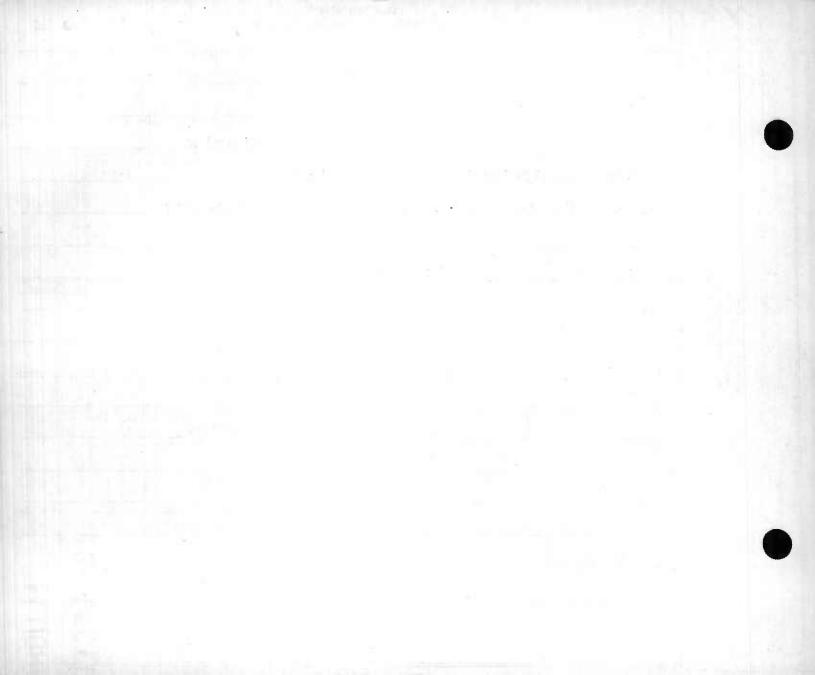


FOR - STATE REGISTRAR

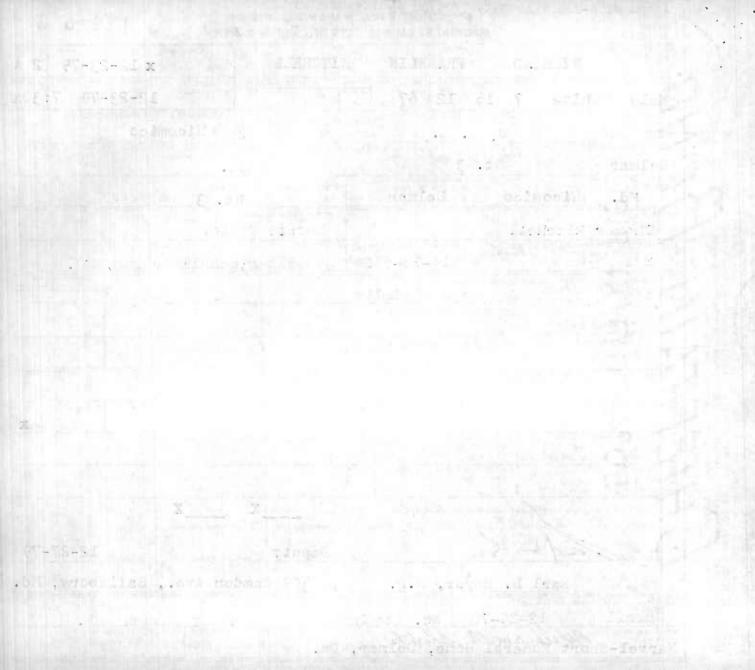
		CEASED NAME	FIRST		MIDDLE	U	AST		20 DATE C	OF DEATH	MONTH (DAY YEAR	26. HOUR
	(TYPI	E OR PRINT	phia		S.	Mide	Lleton		De.	cembe	~ 20	1979	630
1	3 SE		-	RACE		5 DATE C	F BIRTH	YEAR	A. AGE (IN	YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Whit	e	1	9	0.5		74	YRS	MONTHS OAYS	HOURS
nce.		IRTHPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MA	ARRIED	9 BALTIMO	ORE CITY O	COUNTY	OF DEATH	
13/		Md.			JSA	WIDOWE	DIX DIV	ORCED [omico			M
Stiffed		ITY OR TOWN OF DEA		(IF NOT IN SU	HOSPITAL, NURSII CH FACILITY, GIVE STREET	ADDRESS1	R OTHER INSTIT	IUTION		L OCCUPATK RK FOR MOST OF			OF BUSINESS OF
200		Lisbury AL RESIDENCE (IF NURS	;	PEnins	sula Ger	neral	Hospi	tal	Oper	rator		Pho	ne Co.
150E/	130Z	angland	Wicom	Y	Salisbut	VN I		NO 🗆	P.O.	Bx, 34	4		
examine (14 F	ATHER'S NAME FIRST	M	IDDIE	Shafe	r	15 MOTHER'S	MAIDEN NA/	ME	WIDOLE		LA	St
0		WAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMAN	IT		ADDRE	ŠŠ		
medico		No			215-03-	-8302							
event, the		IS CAUSE OF DEAT	H (Enter only	one couse pe	r line for (a), (b), ar	nd ICI						BETWEEN	MATE INTERVAL ONSET AND DEATH
ent		PART I DE ATH W			(marles	- 11:01	mortun	1/4.44.4.	5				
		21 2 44 4	IMMEDIATE	CAUSE 10)	CO V V V V V V	1001	WV COVO - C	July Acres					
offic		4275		DUE TO, C	R AS A CONSEQU	ENCE OF	•						
5		Conditions, if any,	which	(thi									
10		gove rise to imn	nediate	(0)									
ar other traumatic		cause (a), statin underlying cause		DUE TO, C	R AS A CONSEQU	ENCE OF							
0		onderlying cause	1051.	((c)_									
nlory, o	Z	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEA	SE OR CONE	ITION GIV	EN IN PART 1	a)
ouy .	CERTIFICATION	19a DATE OF OPERAT	TION	TI96 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUT	OPSY?	20b. IF YES	, WERE FINDI	NGS USED
9	문											YING CAUSES	
_/	1 €								YES 🗌	ио 🗌		S 🗌	NO 🗌
4	Ü	210. ACCIDENT WAS UND		216. TIME C		AY YEAR	21c HOW INJ	URY OCCURE	RED (ENTER N	ATURE OF INJUR	Y IN ITEM 18, P.	ART I OR PART 2]	
E /	1	OR CONTRIBUTING C			.M.	19							
	18	21d. INJURY OCCURE		_	OF INJURY	17	211 LOCATION	V					
markedor	MEDICAL	WHILE IN NOT WE	HILE 🖂		REET, FACTORY, OFFICE,	FARM, ETC.]	STREET			CITY OR TOW	N	COUNTY	STATE
N. D.	1	AI WO	, , , , , , , , , , , , , , , , , , ,			101	10	20		10	120	701	
5		220.1 certify that (1)		offended th				, 19	to	10	,	19	that (I) (ws) las
7		saw the decease above, (1) (we) (a	ed alive an_ did) (did e at)		17	, on	d that in (my) (obinion (death accurr	red on the do	te and hou	r and from the	couses stated
Hem		77% SIGNATURE					DEGREE					22c. DATE	SIGNED
±		1XXX		MM			AT	TENDING .	MEDICAL	STAF			
-	4	The second secon	no					HYSICIAN	DIRECTOR	R PHYSIC	IAN		
_ ≥	1 9	22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT			220 ADDRESS	800	T 1+ L	01015	100	STRA	SOT E
MPORTANT		Jacobs	11	(RM	22		SA	4150	3UR	Vn	21	2181	/
₹	73a	BURIAL, CREMATION,	REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CE		734. LØC	ATION	· V/	- / L V	
		SPECIFY					EMETER OR CE	LMATORT	CITY	OR TOWN		COUNTY	STATE
-		Remova	1	12/2	0/79			lac . n : =	T DE CID TIL	00 0 K 10 - 1			
	100												TITLE
MO	24. F	UNERAL DIRECTOR			AOORESS				C C C	REGISTRAR	M. REGIST	RAR'S SIGNA	OKE
20M 7/7B		NAME	ard			ьма.		DE	C24	1979	Print	RAR'S SIGNA	2.
			ard		ADORESS Balto.	, Md.			C 2 4	1979	Print.	rey Beck	Bearly

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

REG. NO. 26 DATE OF DEATH MONTH



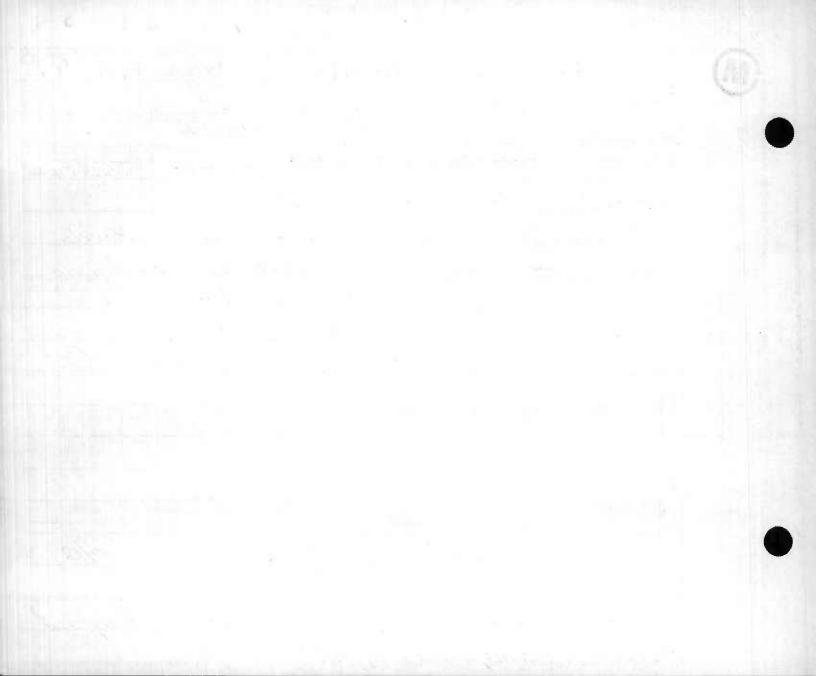
ON STREET,		EASED NAME	FIRST		WIDDLE		LAST	20. DATE OF	REG. NO.		26 HOUR
SIREEJ,			RICHA		FRANKLI		MITCHELL	DEATH	MATED X 1	-2 191	2 A
	3 SEX		White	7 16	12 6. AGE	RTHDAY) WON	NDER 1 YR. IF UNDI	MIN. PRONOU DEA		23-79 ₁₉ 7	30A
6	FOR	THPLACE (STATE EIGH COUNTRY)		76. CITIZEN OF W	HAT COUNTRY?	8. MARE	RIED NEVER MAR	RRIED	MORE CITY OR COL	INTY OF DEATH	MD
	D	y or town of elmar		Rt.	SPITAL, NURSING H	ESS)	HER INSTITUTION	120 USUAL OCCU	JPATION (TYPE OF WOR PRKING LIFE)	OR INDUST	JSINESS RY
5	USUA 13a. ST	RESIDENCE (IF II	135 COUNT WICOT	OTHER INSTITUTION, G Y NICO	13c. CITY OR TOV	/N	13d. INSIDE CITY LIMITS?		ESS		
		Thomas			LAST			DENNAME e Taylor	MIDDLE	LAST	
	16a, W (YE	AS DECEASED EVENOWN	/ER IN U.S. ARM (IF YES, GIVE W	ED FORCES? VAR OR DATES)	166 SOCIAL SEC 214-18		Russel.	l Mitche	ADDRESS	r, Md.	
		PARTIDEATH 3 3 3 -	I WAS CAUSED IMMEDIATE if ony, which to immediate ting the under-	BY: E CAUSE (a) DUE TO, OR (b)	e for (o), (b), ond (c) ACUTE ALCO R AS A CONSEQUEN R AS A CONSEQUEN	holism	-			APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
Ŋ	NOI	PART 2 OTHER SIGNIF	ICANT CONDITIONS <u>C</u>		BUT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONDITION GIVEN IN	PART 1 (a).			
	CERTIFICATION	19a, DATE OF OP	ERATION	19b. CONDI	TION FOR WHICH (PERATION V	VAS PERFORMED?			20. AUTOPSY	? NO M
		210. EXTERNAL C UNDERLYING CONTRIBUTING	OR		A. MONTH DAY	EAR	OW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OF	PART 2)	
	MEDICAL	ZId. INJURY OCC WHILE NAT WORK A	-		OF INJURY (AT HON TORY, FARM, ETC.)		OCATION STREET	CITY OR TO	NWC	COUNTY	STATE
		220. I certify the death resulted for a crual SIGNATURE.	rom:	L R	Accident ,	Suicide	Homicide TITLE (SPECIFY) A.D. Deputy	MEDICAL EXA	onner , DA1	TE 12-27	
-		(TYPE OR PRINT)	Ear.	Г Р. Ко	yer, M.I	,	ADDRESS 409	Camden A	ve., sa.	usbury,	. Ma.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

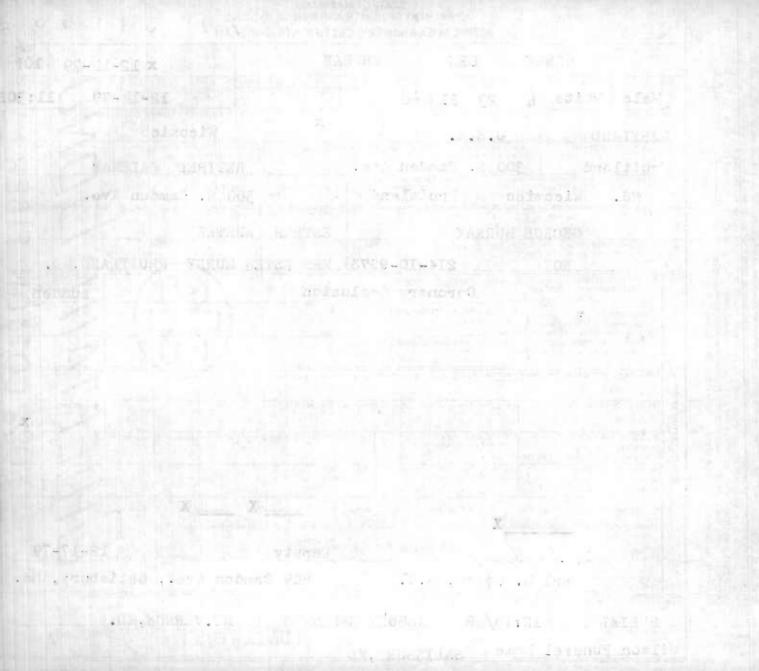
(VRA 15, 4) 7/78



1-	FOR STATE REGISTRAR			DEPARTMENT OF	HEALTH			9 REG N	3 1	9 6	5
	CEASED NAM	AE FIRST PAUL	Lane San	W allace		RRIS	2g. D	OF ESTI-	HTHOM [DAY YEAR 2-79	7: 58A
	lale	White	5 DATE OF BIRTH MONTH DAY 11 20	6. AGE (IN LAST BIRTI	YEARS IF UT		MIN. PRO	DATE NOUNCED DEAD 1	MONTH 2-2-7	9 19	//
5 S		y, Maryla		Α.	WIDOV		RCED .	Wicom	ico		MD
S	alisb	ury	Penins	PITAL, NURSING HOAD CILITY GIVE STREET ADDRESS ULA GENE	ral H	lospital	120. USUAL C	OCCUPATION (TO DE WORKING LIFE)		or indus	TRY
13a. S	Md Md	. Wico	omico	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO [307	Middle	Blvd	ι.	
16a.	YES, NO. OR UNKN	DEVER IN U.S. ARI		Morris 166. SOCIAL SECUR 219-50-9		17. INFORMANT	izabeth father)	ADDRES	S	len "	
	18. CAUSE O	OF DEATH (Enter on EATH WAS CAUSE	TE CAUSE (o)	far (a), (b), and (c).) ractured AS A CONSEQUENCE	Skul	John M.	. Morri	s, sam	e as	#13 APPROXIMA BETWEEN ONS NOU	TE INTERVAL ET AND DEATH TS
7	gave r	ins, if any, which ise to immediate t) stating the <u>under-</u> use last.	(b)	AS A CONSEQUENCE							
NO	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (o).				
TIFICATI		FOPERATION		TION FOR WHICH OP						20 AUTOPS	
MEDICAL CERTIFICATION		AL CAUSE WAS G OR ING CAUSE OF I	216. TIME OF HOUR AND 216. PLACE OF	12-12-7,5		ver of					
MEC		NOT WHILE D	STREET BACK	OF INJURY (AT HOME, FORY, FARM, ETC.)	rryv	ralk Rd.			co, w	ic.,	Md. STATE
	22a I cert death result ACTUAL SIGNATURE	//	e of the remains des	cribed above, held an	Autap	Hamicide TITLE (SPECIFY) Deput	Undetermin		DATE		-79
1				er, M.D.		ADDRESS_409		Ave.,			, Md.
24. F	bus UNERAL DIREC		12-4-79	23c. NAME OF C	o Me		Park, S	alisbu	COUNT TY, W	ic., 1	Md.
Hi	11-Ba	ker-Bour	nds, Sal	isbury, 1	Id.		DEC 7	19/9	perfe	17/18/2 (hody

Beir Jer-s-age Like Like Selection of the Land MI to 05 fl outs after online Pa Icocon frozili denivate Lesigne in men asunning production .by Elecated Later x your obligation .bh seria dana ile " sirre" di troi All the same subsect of the Pit of the Pit Hyac birect Theor the new ,efficien it wells. Wef-SI AK 31:11 X X road Contry Las be., ment learling X M-1-SI unical land, and the manual communication of the colors of while the winds, carry didn't

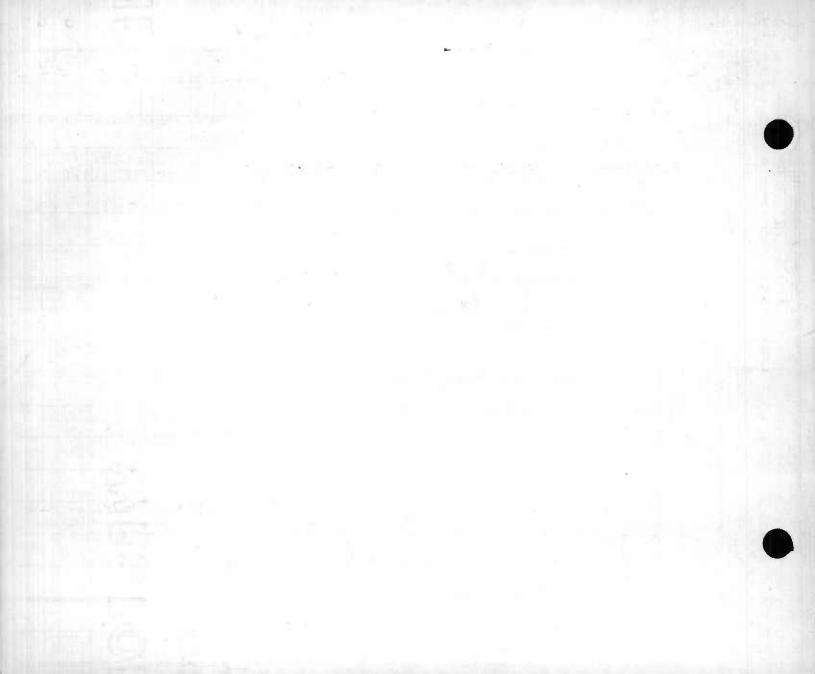
					STAT	E OF M	ARYLA	ND							
									-			3	1 9	6	6
1/	REGISTRAR		MI		XAMINE	R'S CI	ERTIFIC	CATE	OF DEA	TH 7	REG. I	NO.		-	
		FIRST	775			WIII)	AST			20. DATE	KNOWN	MON	NTH DAY	YEAR	2b. HOUR
		HENI	₹¥	LEE	1	MUKK	AY			DEATH	MATED	X 12	2-14.	779	10P _M
3. SEX					LAST BIRTHDAY	S IF UND						MON	TH DAY	YÉAR	2d HOUR
	Male	White	4 23	11		, MONTHS	DATS	HOURS		DEAD	1.			19	11:30
7a. BI	REIGN COUNTRY)	TE OR	76. CITIZEN OF V	WHAT COUNT	RY?	MARRIE	D DXNE	VER MARE	RIED 🔲	9. BALTIN	ORE CITY	OR CO	UNTYOF	DEATH	
N	ARYLAN		U.S	. A.		WIDOWE	D 🗆	DIVOR			_				MD.
10. CI	Y OR TOWN O	F DEATH				OR OTHE	RINSTITU	ITION	12a. USU	AL OCCU	PATION (T	YPE OF WO	DRK 12b KI		
									RI	ETIR	ED	SAL	EMAN		
				GIVE RESIDENCE B	efore admission OR TOWN	1	3d INSIDE C	TTY LIMITS?	13e, SIRE	ET ADDRE	SS				
	Md.	Wicor	nico	Fru	itlan	d	YES 🗌	NO 🗆	300	S.	Cam	den	Ave	•	
14. FA	THER'S NAME EIRST	111	MIDDLE	LA	AST		5. MOTH	ER'S MAID	ENNAME	N	IDDLE			LAST	
1				Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the			EST	THER	AUS	STER					
16a. V	S, NO, OR UNKNOW	N) (IF YES, GIVE V	VAR OR DATES)			200									
		NO				973	MRS	S ES	TER 1	MURR	Y F	RUI			
	18. CAUSE OF PARTIDEA	DEATH (Enter only	ane cause per li	ne for (a), (b),	ond (c).)] .	-10			1/18			BETY	WEEN ONSE	T AND DEATH
	1110		E CAUSE (a)				3101	I.I.						suac	ien
	Condition	if any which	DUE TO, C	OR AS A CONS	EQUENCE OF								1 6		
	gave rise	ta immediate	(b)								19,0			76	
			DUE TO, C	R AS A CONS	EQUENCE OF										
	PART 2 OTHER CICH	IEICANT CONDITIONS C	ONTRIBUTING TO DE LT	U BUT NOT OF AT	TO THE YEARING										
z	TAKE 2 OTHER SIGN	THE REAL COMMISSIONS	ONTRIBUTING TO DEAT	U BOL HOL KETATE	U IU INE LERMIN	AL DISEASE (IK CUMUIIIU	IN GIVEN IN PA	ARI I (g).						
ATIO	19a. DATE OF C	PERATION	19b. CONE	OITION FOR W	HICH OPERA	TION WA	S PERFOR	MED?					20	AUTOPSY	?
IFIC			11131 5												NOX
ERT						21c. HOV	W INJURY	OCCURR	ED (ENTER N	ATURE OF IN	JURY IN ITEM	18 PART 1 O		120	11042
EDIC	214 INTILLIDY OF	CHIDDED	21e PLACE	OF INJURY	(AT HOME,										
\$	AT WORK	NOT WHILE	STREET, FA	CTORY, FARM, ETC	.)	STR	EET			CITY OR TO	WN		COUNTY		STATE
			at the second of			A			[X]		X	1.			
				1			7.1					and in my	y apinian		
	death resulted	Trom: Nature	a causes A,	Accident L	, Suic	ide L.J.			Undete	rmined mi	nner				
	ACTUAL	// /.	//		-	44.0	region .		MEDI	CALENIN	UNIED.	DA	TE 12	-17-	79
		lu	1	_	F 15	M.D	-								
	EXAMINER'S N	AME Earl	L. Roy	rer, M	.D.	Δ	DDRESS	109	Camd	en A	ve.,	Sa	lisb	ury,	Md.
23a.Bl	IRIAL, CREMATI						DDKE33_		23d. LO	CATION			COUNTY		
(5			T22TA/2	9	ASBIER	V CE	METER	ERV			ERNO		_	S	TATE
24. Ft	NERAL DIRECT	OR						250. PATE						TURE	1
W		uneral	Home		SBURY	MD.		- VL	UNIX	1010		1		20	68
3	MEDICALCERTIFICATION MEDICALCERTIFICATION	MALE POREIGN COUNTRY) MARYLAN 10. CITY OR TOWN O Fruitla USUAL RESIDENCE (# 130. STATE MA. 14. FATHER'S NAME EMST 160. WAS DECEASED (YES, NO, OR UNKNOW 18. CAUSE OF PART I DEA Conditions gave rise cause (a) s' lying couse PART 2 OTHER SIGN 190. DATE OF C UNDERLYING CONTRIBUTING 21d. INJURY OF WHILE AT WORK 220. I certify death resulted ACTUAL SIGNATURE EXAMMER'S N (TYPE OR PRINT) 230. BURILG CREMATIC (SPECIFY) 211. FUNERAL DIRECTO NAME 212. FUNERAL DIRECTO NAME PART 2 OTHER SIGN 214. FUNERAL DIRECTO NAME PART 2 OTHER SIGN 215. EXTERNAL 216. INJURY OF WHILE AT WORK 217. EXTERNAL 218. EXTERNAL 219. DATE OF C 210. EXTERNAL 210. EXTERNAL 210. EXTERNAL 211. EXTERNAL 214. FUNERAL DIRECTO NAME PART 2 OTHER SIGN 216. EXTERNAL 217. EXTERNAL 218. EXTERNAL 219. EXT	THE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE Male 4. RACE Male Mitte 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 10. CITY OR TOWN OF DEATH Fruitland USUAL RESIDENCE (IF IN NURSING HOME OF 136. STATE MICOR 14. FATHER'S NAME ERST GEORE (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI Conditions, if any, which gave rise to immediate cause (a) stating the under- lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS C 190. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that I took charge death resulted from: Nature EXAMINER'S NAME Earl (SPECIFY) BIRTAL 230. BURIAL CREMATION, REMOVAL 23 BIRTAL 231. FUNDAME BIRTAL 231. FUNDAME BIRTAL 231. FUNDAME BIRTAL 231. FUNDAME BIRTAL 232. FUNDAME BIRTAL 234. FUNDAME BIRTAL 235. BURIAL CREMATION, REMOVAL 23 BIRTAL 236. BURIAL CREMATION, REMOVAL 23 BIRTAL 237. FUNDAME BIRTAL 238. BURIAL CREMATION, REMOVAL 23	THE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) I. DECEASED NAME (TYPE OR PRINT) II. DECEASED NAME (TYPE OR PRINT) II. DECEASED NAME (TYPE OR PRINT) III. NAME OF HOLE (TO SENSON COUNTRY) III. NAME OF HOLE (THE NOT WHICH DATE INSTITUTION) III. NAME OF HOLE (THE NOT WHICH DATE INSTITUTION) III. CAUSE OF DEATH (Enter only ane cause per line (YES, NO, OR UNKNOWN) III. CAUSE OF DEATH (Enter only ane cause per line (YES, NO, OR UNKNOWN) III. CAUSE OF DEATH (Enter only ane cause per line (YES, NO, OR UNKNOWN) III. CAUSE OF DEATH (Enter only ane cause per line (YES, NO, OR UNKNOWN) III. CAUSE OF DEATH (Enter only ane cause per line (YES, NO, OR UNKNOWN) III. CAUSE OF DEATH (Enter only ane cause per line (YES, NO, OR UNKNOWN) III. CAUSE OF DEATH (Enter only ane cause per line (YES, OND OR UNKNOWN) III. CAUSE OF DEATH (Enter only ane cause per line (YES, OND OR UNKNOWN) III. CAUSE OF DEATH (Enter only ane cause per line (YES, OND OR UNKNOWN) III. CAUSE OF DEATH (Enter only ane cause per line (YES, OND OR UNKNOWN) III. CAUSE OF DEATH (Enter only ane cause per line (YES, OND OR UNKNOWN) III. CAUSE OF DEATH (Enter only ane cause per line (YES, OND OR UNKNOWN) III. CAUSE OF DEATH (III. YES, GWE WAR OR DATES) NO III. CAUSE OF DEATH (ENTER OR UNKNOWN) III. CAUSE OF DEATH (B) III. CAUSE OF DEATH (III. NAME OF OFTER (III. NAME OF OFTER (III. NAME OFTER (III. NAME OFTER	TATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) I. SEX MALE MALE MALE MALE MIDAT MARYLAND II. NAME OF HOSPITAL, NUR (FINOT IN SUCH FACULTY, GIVE SESTENCE) MARYLAND III. NAME OF HOSPITAL, NUR (FINOT IN SUCH FACULTY, GIVE SESTENCE) MARYLAND III. NAME OF HOSPITAL, NUR (FINOT IN SUCH FACULTY, GIVE SESTENCE) MARYLAND III. NAME OF HOSPITAL, NUR (FINOT IN SUCH FACULTY, GIVE SESTENCE) Fruitland MO. III. NAME OF HOSPITAL, NUR (FINOT IN SUCH FACULTY, GIVE SESTENCE) MO. III. NAME OF HOSPITAL, NUR (FINOT IN SUCH FACULTY, GIVE SESTENCE) FRUITLAND III. NAME OF HOSPITAL, NUR (FINOT IN SUCH FACULTY, GIVE SESTENCE) FRUITLAND III. NAME OF HOSPITAL, NUR (FINOT IN SUCH FACULTY, GIVE SESTENCE) FRUITLAND III. NAME OF HOSPITAL, NUR (FINOT IN SUCH FACULTY, GIVE SESTENCE) III. NAME OF HOSPITAL, NUR (FINOT IN SUCH FACULTY, GIVE SESTENCE) III. NAME OF HOSPITAL, NUR (FINOT IN SUCH FACULTY, GIVE SESTENCE) III. NAME OF HOSPITAL, NUR MIDDLE CEDREE MARCH TOTAL MODITION, GIVE SESTENCE MIDDLE CEDREE MIDDLE COPON III. NAME OF AS A CONS (IVES, NO, OR AS A CONS (IVES,	TORCEASED NAME I. DECEASED NAME II. DEATH NOMIN DAY II. DEATH NAME III. DEATH YEAR III. DEATH OF WHAT COUNTRY? III. DEATH OF WHAT COUNTRY? III. DEATH WEISING HOME. III. DEATH WEISING HOME. III. DEATH WEISING HOME. III. DEATH WEISING HOME. III. DEATH OF DEATH III. DEATH WEISING HOME. III. DEATH WAS CAUSED BY: III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. DEATH WAS CAUSED BY: III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). III. CAUSE OF DEATH (Enter only one cause per li	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CI DECEASED NAME (TYPE OR PRINT) HENRY LEE MURR S. SEX 4. RACE MALO White 15. DATE OF BIRTH ACSINTER MARY LAND MARYLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER (FINOT IN SUCH FACILITY, ONE STREET ADDRESS) 13. STATE M. SIGNIFICANT MODIE LAST FRUITLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER (FINOT IN SUCH FACILITY, ONE STREET ADDRESS) 13. STATE M. SIGNIFICANT MODIE LAST GEORGE MURRAY 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 17. STATE MODIE LAST GEORGE MURRAY 16. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COOTORRY OCCU CONTRIBUTING 17. DATE OF OPERATION 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH NOTE OF OPERATION 19. DATE OF OPERATION 19. CANDITION FOR WHICH OPERATION WAS INTERED, ADDRESS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH AT WORK 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19. TIME OF INJURY HOUR A.M. MONTH DAY YEAR AND STREET, FACTORY, FAMM, ETC.) ACTUAL STREET, FACTORY, FAMM, ETC.) ASSURANCE S. NAME EXAMINER'S NAME EXAMINER'S NAME EXTL. ROYER, M.D. AND STREET, FACTORY, FAMM, ETC.) ASSURANCE STATE ASSURANCE ASSURANCE STATE ASSURANCE ASS	DEPARTMENT OF HEALTH AND M MEDICAL EXAMINER'S CERTIFICATION OF THE STATE OF THE STA	STATE REGISTAR MEDICAL EXAMINER'S CERTIFICATE (DECEASED NAME	1- STATE CHECKSTEAR CHECK	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. MURRAY DEPARTMENT OF HEALTH AND MENTAL HYGIENE MURRAY LEE MURRAY LEE MURRAY DEATH MARIED 18 DATE KNOWN OF ESTIME MURRAY LEE MURRAY LEE MURRAY DEATH MARIED 18 DATE KNOWN OF ESTIME REG. MURRAY DEATH MARIED 19 DATE KNOWN OF ESTIME REG. MURRAY DEATH MARIED 19 DATE KNOWN OF ESTIME REG. MURRAY DEATH MARIED 19 DATE OF BIRTH REG. MARKED 19 DATE OF BIRTH REG. MARKED 10 DATE OF BIRTH REG. MARKED 10 DATE OF MOVE AND	DEPARTMENT OF HEALTH AND MENTAL HYGIENE RECISTARY MEDICAL EXAMINER'S CERTIFICATE OF DEATH TO CHARMEN (1740 OR PRIME) THE CHECASED NAME (1740 OR PRIME) MEDICAL EXAMINER'S CERTIFICATE OF DEATH MODEL (1740 OR PRIME) THE CHECASED NAME (1740 OR PRIME) MARKED (1740 OR OR OTHER INSTITUTION MARKED (1740 OR OTHER INSTITUTION MARKED (1740 OR OTHER INSTITUTION) MARKED (1740 OR OTHER INSTITUTION) MARKED (1740 OR PRIME) MARKED (1740 OR OTHER INSTITUTION) MARKED (1740 OR OTHER INSTITUTION) MARKED (1740 OR STREET ADDRESS) MARKED (1740 OR ST	PERAFERENTIAL PROJECT PROJECT	THE REGISTRAN PROPERTY PROPE

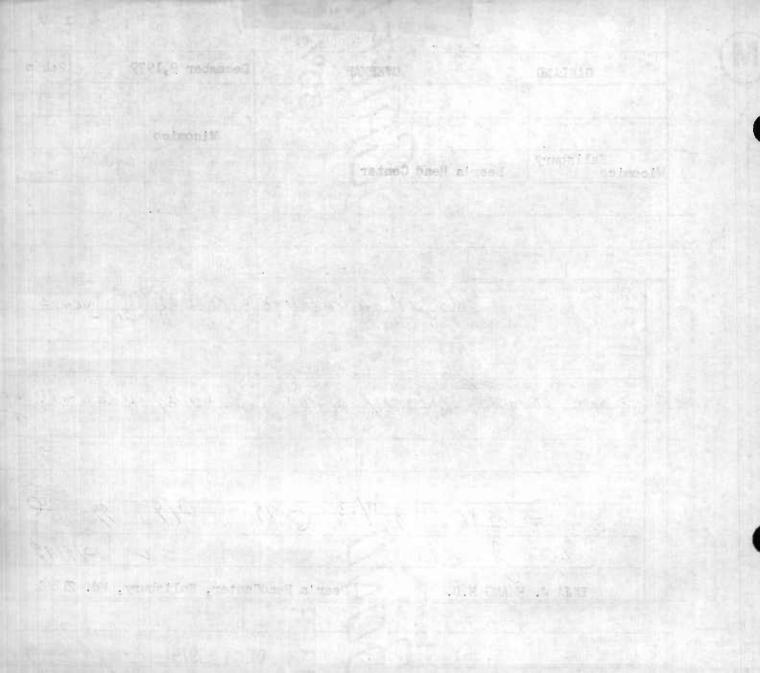


0	1				STATE OF M	ARYLAND				-1
3		1-	FOR STATE REGISTRAR		IT OF HEALTH	AND MENTAL HYGIE OF DEATH	REG. NO	3	9 6	/
e 1			CEASED NAME PIRST OR PRINT)	MiloRed	MURRA		20 DATE OF DEATH M	ONTH DAY		HOUR
de 4 moy		3 SE	Female	1.110110	DATE OF BIRTH	/	AGE (IN YEARS LAST BIRTH	DAY) IF UND	ER LYEAR IF	UNDER 24 HRS OURS MIN
th Pog	25	6	RTHPLACE (STATE OR FOR IGN OUNTRY) LLEW MC			IEVER MARRIED	BALTIMORE CITY OR		EATH	
ter dec	0.0		71	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD			WICOMIC 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	N 12b	KIND OF B	MD USINESS OR
1201 Durs of	80			Peninsula Gene	ral Ho	spital	House WI	re C	SWN	DOM-e
AND 2	35	130	ACY/AND WILL	omico Hebron	13d IN YES	□ NO D	30 STREET APPRESS	Box 3	1	
MARYI ted with	220	14 FA	JOHN W	M. Richards	DN 13. MC	EMMA	MIDD(£	M	ALO	Ne
IMORE,	1		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 214-10-87	771 17 INF	MMUNN	AY SA SE	4 H.I LISBUM	BOYZ	
T., BAU rificate l physicic mpapers			18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIATE	BY. P.C	Tori	Chicesti	ve fa, In	me F	APPROXIMATE APPROXIMATE	E INTERVAL ET AND DEATH
STON S death ce			Canditians, if any, which	DUE TO, OR AS CONSEQUENCE		- Tem	Vioe	-30	7 3	_
W. PRESS The decorate of the offer see remove other fround other from other fround other from			gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	E OF	c/2-051	P		2/3	77
DS, 201 quires the signed hen ples to burio miury, or		Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RE		IAL DISEASE OR COND	ITION GIVEN IN	PART Ita	
AL RECOR	9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	S USED DEATH?
OF VIII. ICSAN ICSAN I Physic entitics/r iol-from into Hyg	9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR	ow injury occurre	D JENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR	PART 2)	
DIVISION DIVISION Of the but on the but the ond Me		MEDICAL	21d. IN JURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM		OCATION STREET	CITY OR TOWN	coi	UNTY	STATE
TENDIN office at contracts of Headil				al) attended the deceased fram	, and that i	n (my) (Dur) Opinian de	_, taath accurred an the dat	e and hour and f		t (I) (we) last
At CR At the hasp At DIRECTED At DIRECTED At DIRECTED AT THE BELLINGS AT THE B			27b. SIG 41-88	A A Paragraphy Royk.	DEGREE	ATTENDING	MEDICAL STAFF		2c. DATE SIG	NED
O HOSPIT. TO FUNER Nould be 51	1		226. PHYSICIAN'S NAME (TYPE OF	Paffe Th	22e A	DDRESS PG	4			
BP BP		23a E	BUPIAL CREMATION, REMOVAL	12/22/1979 AL	LEN C	emereny	23d. LOCATION ALLEN	WZT	١.	m'd'
DHMH - 16 60M 1/75 (VR A 15 (4))		24 F	THE BAKEN-BOUL	uds Salisbur	Y, MC	DEC 2	RECO-BY REGISTRAR	HEGISTRAPS	ers MATURE	

on know tw Salisburg Perinaula General Hospital

FOR

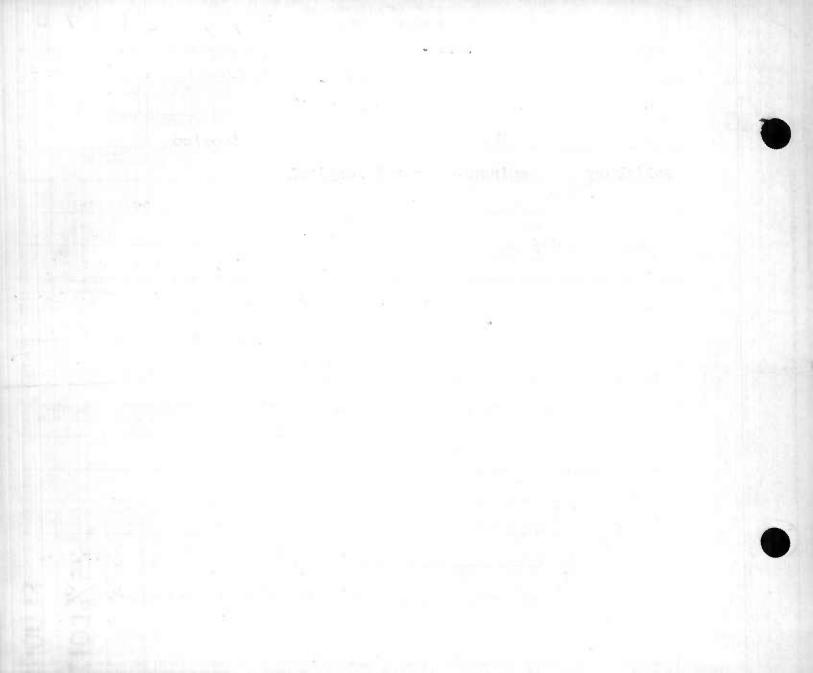




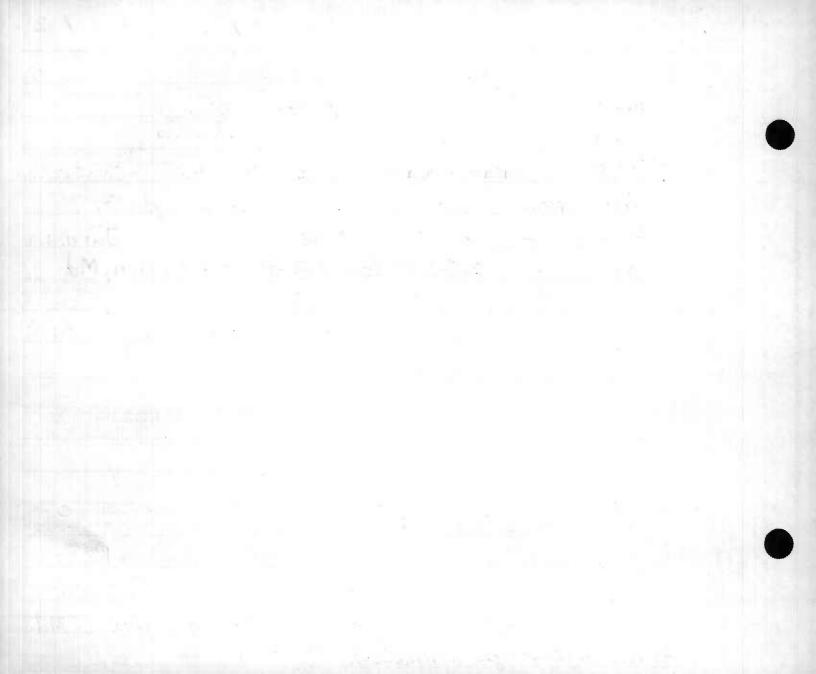
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



is v. o s of the colon Bit Et Language Street mental columns 74E 13F de intermedi delegation bif . B' . military: allawo mendent distantant over the control of plant to bundle municipal to the day A Service dust one Englishment Production would be a A District Notes of the control of t Y Y CHAILMEN IN THE TOTAL TO But the state of t . Black to the state of the self to the se



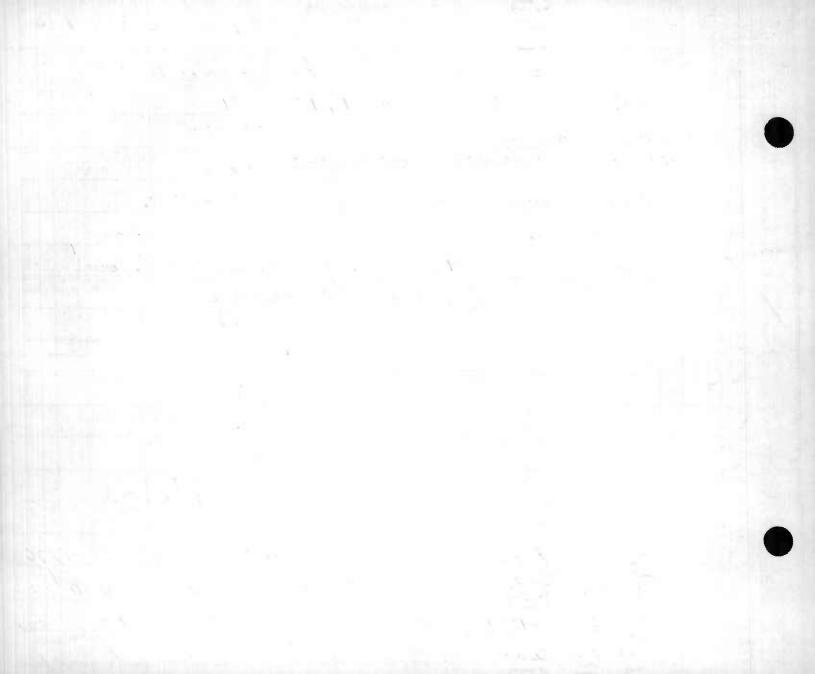
FOR

(VRA 15, 4) 7/7B

STATE OF MARYLAND

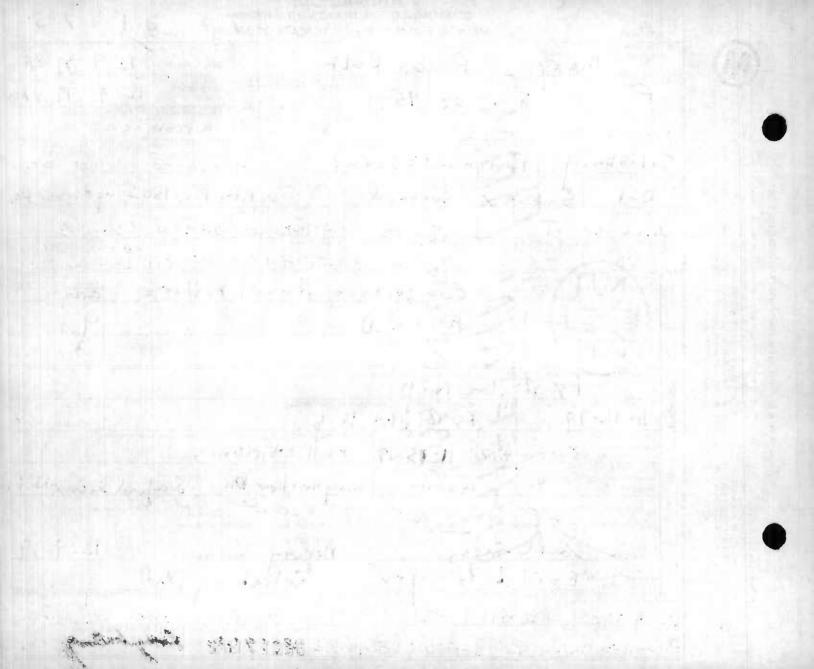
STATE

Delaware



CONTRACTOR OF THE PROPERTY OF Para line of the cold to be and the the second of th the datas and the same of columns to the T control of manufacture the second secon 11-75-551 Early - 12-57-51 and, distribution, and notices and at the latest the latest

,	451	1-	STATE REGISTRAR	MEDIC	AL EXAMINER	S CERTIFICATE O	F DEATH	REG. NO.	9 7	5
N			EASED NAME FIRST MARY	r Fr	Λ	6LF		OWN MONTH		SA M
PL PUR	ON STREET	3. SEX		5. DATE OF BIRTH	6. AGE (IN YEARS	FUNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCEL DEAD	D IL	9 199	R 2d HOUR
ECESSA UNIFERAL FOR 1	PRESTO	70. BI FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT C	M.	ARRIED NEVER MARRI	ED L	ECITY OR COUN		MD
300	08301 ×	10 CI	Alisbury	11. NAME OF HOSPITAL UNIOT IN SUCH FACILITY.	NURSING HOME, OR GIVE STREET ADDRESS!	OTHER INSTITUTION	FOR MOST OF WORKING	(JFE)	OR INDUS	STRY
	RECORD.	USUA 13a. S		OR OTHER INSTITUTION, GIVE RESE		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	0	17	oor Pa
AD. 2 ATH. II PM 3.	5303		THER'S NAME FIRST FIRST	MIDDLE	OLLINS	CATHER'S MAIDE	N NAME MIDDLE		LLINS	
	DIVISION OF	16c. V	AS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO		A	DEPR-SE	+ BOX IS	WEL.
	MII. PA		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI	D BY:), (b), ond (c).)	ve Hez	1 /			ATE INTERVAL SET AND DEATH
VITHIN 24 HC	ASIT PER L MYGIEI DVAL.		4292 Conditions, if any, which	DUE TO, OR AS	CONSEQUENCE OF				4	
	BURTAL-TRANSIT AND MENTAL HY ON, OR REMOVAL		gove rise to immediate cause (a) stating the <u>underlying cause last</u> .		CONSEQUENCE OF				for	
BE EXECTION OF THE PROPERTY OF	SED AS A BUR HEALTH AND CREMATION,	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL O	SEASE OR CONDITION GIVEN IN PAI	RT 1 (o).			
AL RE		CERTIFICATION	190. DATE OF OPERATION	1 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED?			20. AUTOPS	
FICATE SH THE WOR O THE C	DEPARTMENT OF PRIOR TO BURIAL		210. EXTERNAL CAUSE WAS			HOW INJURY OCCURRE	D LENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR P		NOL
CERTIFIC RITING TH RDED TO	E 3 SHC E DEPAR PRIOR T	MEDICAL	CONTRIBUTING CAUSE OF I 218. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF IN. STREET, FACTORY, F	IURY (AT HOME, 21f	LOCATION	CITY OR TOWN	2 1 8	OUNTY	STAI
ER: THE	AR: PAGE HE STATE (22a. I certify that I took charg			otopsy . Inspection	Inquiry	and in my o	pinion	(me)
XAMIN ERTIFIC LD BE	WITH THE WITH THE ARYLAND 2		8	rol couses , Accid	dent L, Suicide	Homicide L	Undetermined monne		12 6	279
DICAL EXA	AFTER DEATH, BALTIMORE, M.		ACTUAL SIGNATURE EXAMINER'S NAME	CI IN	Duel	M.D. Departy	MEDICAL EXAMINE	R DATE SIGN	IED 2-	-11
TO MEI EXECUT	AFTER BALTIM	23a.8	(TYPE OR PRINT) JRIAL, CREMATION, REMOVAL 2 PECIFY)		23c. NAM! OF CEMETER		23d LOCATION CITY OR TOWN	· (0)	עזאנע	STATE
ВР		24. FI	INERAL DIRECTOR	ADDRESS	DELMARUM	25a. DATE R	REC'D. BY REGISTRAR 2	SUSSEV PSI BEGISTRAR'S	SIGNATURE	UANE
(VR A15 A		YE	AUMTER MILLE	FIROM SER	FORD DELL	TWADE DEC. 1	7 1979	marry 1	-	



BP. DHMH - 16 50M 1/76 (VR A 15 (4))

	1.	- STATE REGISTRAR				FICATE OF DEATH	REG. N	10		
		CEASED NAME FIRST EOR PRINT)	t (Trir	MIDDLE	R	LAST OSE	20 DATE OF DEATH	MONTH	DAY YEAR 23, 1979	26 HOUR
)	3 SE		4 RACE	hite	S DATE O		6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24
135		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	0	D NEVER MARRIED	9 BALTIMORE CITY C	R COUN	TY OF DEATH	
Serlied		lisbury				OR OTHER INSTITUTION Hospital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS
S must be	13a. S		OR OTHER INSTITUTION OMICO	13c. CITY OR TOW Fruitle	VN	13d. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS 119 Ridge	field	Dr.	
20	Da	ATHER'S NAME FIRST Coxe		Rose		15. MOTHER'S MAIDEN NA/ FIRST Ann	Marsha		Friedl	
medico		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	16b SOCIAL SECU	URITY NO.	David Coxe R	ose 119 Ric			Maryla Fruit
ent,		PART I. DEATH WAS CAL		1/2	PM					
or other troumatic event,		Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, (b)_ DUE TO. (c)_	or as a conseou or as a conseou	ence of	J				
ows ony injury, ar other troumatic event,	IIFICATION	Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, (b) DUE TO, (c) (c) T CONDITIONS 9	OR AS A CONSEOU OR AS A CONSEOU CONTRIBUTING TO	ENCE OF ENCE OF	NOT RELATED TO THE TERM	20g AUTOPSY?	20b. IF Y	ES, WERE FIND	NGS USED S OF DEATH
rem 18 shows ony injury, ar other troumatic event,	CERTIFIC	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, (b) DUE TO, (c) IT CONDITIONS 9	OR AS A CONSEOU OR AS A CONSEOU CONTRIBUTING TO	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES □ NO ■	20b. IF Y	ES, WERE FIND TIFYING CAUSE	NGS USED
rked ar Item 18 shows ony injury, ar other troumatic event,	MEDICAL CERTIFICATION	Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, (b) DUE TO, (c) IT CONDITIONS (19b) LONG TO (19b) LO	OR AS A CONSEOU OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D	ENCE OF DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTOPSY? YES □ NO ■	20b. IF Y IN CERT	ES, WERE FIND TIFYING CAUSE	NGS USED S OF DEATH? NO [
m 21 is morked ar Item 18 shows ony injury, ar other troumatic event,		Canditians, if any, which gove rise to immediate couse io. stating the underlying cause last. PART 2 OTHER SIGNIFICAN 198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (1) (this has saw the deceosed alive above, (h) (we) (did) (did	DUE TO, (b) DUE TO, (c) IT CONDITIONS (19b. CON 21b. TIME HOUR (AT HOME. S	OR AS A CONSEOU OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE, 119	ENCE OF ENCE OF DEATH BUT H OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET , 19 nd that in (my) (aur) opinion of	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO	20b. IF Y IN CERT RY IN ITEM 18	ES, WERE FIND IFYING CAUSE YES	NGS USED S OF DEATH'S NO STATE
IMPORTANT: If them 21 is morked ar Item 18 shows ony injury, ar other troumatic event,		Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOT IFFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220.1 certify that (1) (this has say the deceased alive	DUE TO, (b) DUE TO, (c) IT CONDITIONS (IP) 19b. CON 19b. CON 21b. TIME HOUR HOUR (AT HOME, S) spital) attended on not) view the bod E OR PRINT)	OR AS A CONSEOU OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE, 119	ENCE OF ENCE OF DEATH BUT H OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET , 19	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TOTAL , to death occurred on the death occurred occurred on the death occurred occurred on the death occurred occurre	20b. IF Y IN CERT IN CERT IN ITEM 18	ES, WERE FIND IFYING CAUSE YES COUNTY 19 22c. DATE	NGS USED S OF DEATH? NO STATE

Dicomico BEG LY SELL Islicant Isramon strenings | wordside Ties di doctronis est the third aspectate the lyne ion Harshill Friedlinder Pertul All Allen Property atomics owners fork infishery Mccomballary in holieway luggers; Home PIA. Salisbury, Lary and

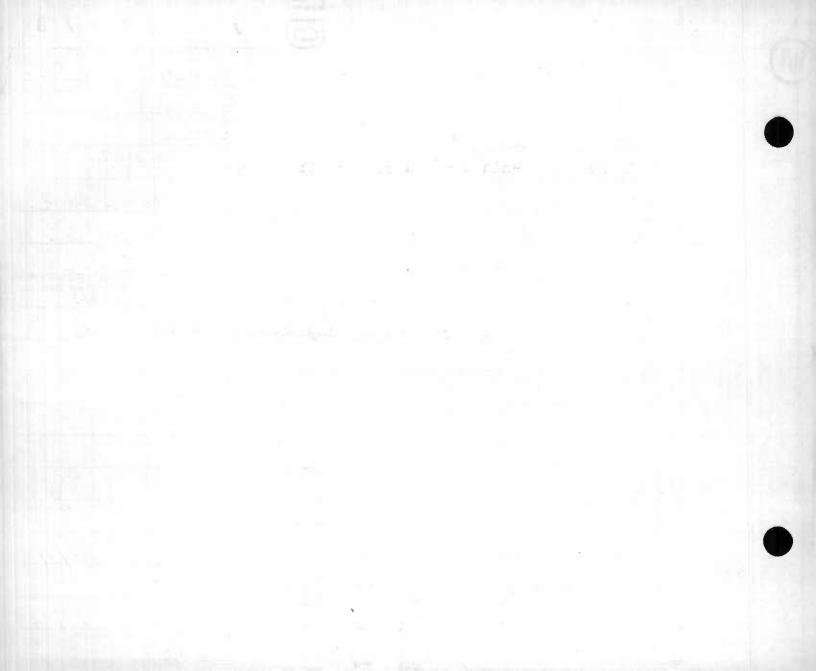
	0
	fer
201	5 0
21	ě
NA N	n 24 h
RYL	-thi
MA	9
A,	ecut
ST., BALTIMORE, MAI	9
ALT	e b
2	rtificof
N	Cerl
RESTONS	eoth
2	he
S, 201 W. PR	100
20	es I
SDS.	in be
L RECORD	3
I R	he lo
=	Ξ
P	Ç
O	HYS
VISI	O D
٥	Z
	TEN T
	T.
	2
	PITA
	HOS
	0

				STAT	E OF MARYLAND			77	Comp. Comp.
	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	3	1 9	11
		CEASED NAME FRST ORPRINT) Infant	(Triplet C)		Pose	Decem	MONTH DAT	YEAR 1979	25. HOUR
)	3 SET		1 RACE	S DATE C	DAY YEAR	& AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
Sed of once.	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	16 CITIZEN OF WHAT COUNTR	V2 1	NEVER MARRIED	Wicomico	R COUNTY O	FDEATH	
O Sprifted	Sa.	TY OR TOWN OF DEATH	Perpingencling on Gr			12e USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND OI INDUSTRY	F BUSINESS C
Ser must be not		AL RESIDENCE IN NURSING HOME COLTATE 136, COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSIONS	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 119 Ridgef	ield Dr	••	
examine		THER'S NAME FIRST COX	MIDDLE LAST Rose		15 MOTHER'S MAIDEN NA FIRST Ann	<u> </u>		riedla	ander
the medical		VAS DECEASED EVER IN U.S. A. ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE	CURITY NO	17 INFORMANT David Coxe Ro	se 119 Ridg		Dr. Fr	Maryla uitlan
, cremation, or removal		Conditions, if ony, which gave rise to immediate cause 01, stoting the underlying cause last	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF		Premale	ruly		7-	
to buriol, injury, or of	N		CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 1/a	10
shows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20e AUTOPSY? YES □ NO▼	206. IF YES, V IN CERTIFY II YES	WERE FINDIN	GS USED OF DEATH?
or Hem 18 sho		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR				
morked or B	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
of Health		sow the deceased alive a	pital) attended the deceased from		nd that in (my) (our) opinion	, to death occurred on the d	, 19 ate and hour o		hat (I) (we) la
tote Dept		226. SIGNATURE	ail Agans	of a	DEGREE ATTENDING PHYSICIAN -	MEDICAL STA	FF	12 - 6	34-79
with the Stote D		130LY J	ORPRINTI ATA AGAR	2WAL	170 ADDRESS WESLEY DR		ENTER	SALIS	BURY
3 3	23a. B	URIAL, CREMATION, REMOVA Burial			EMETERY OR CREMATORY Memorial Par	k Salisbury	Wicon	NICO Ma	aryland
1	_								

Physic

multiple collection

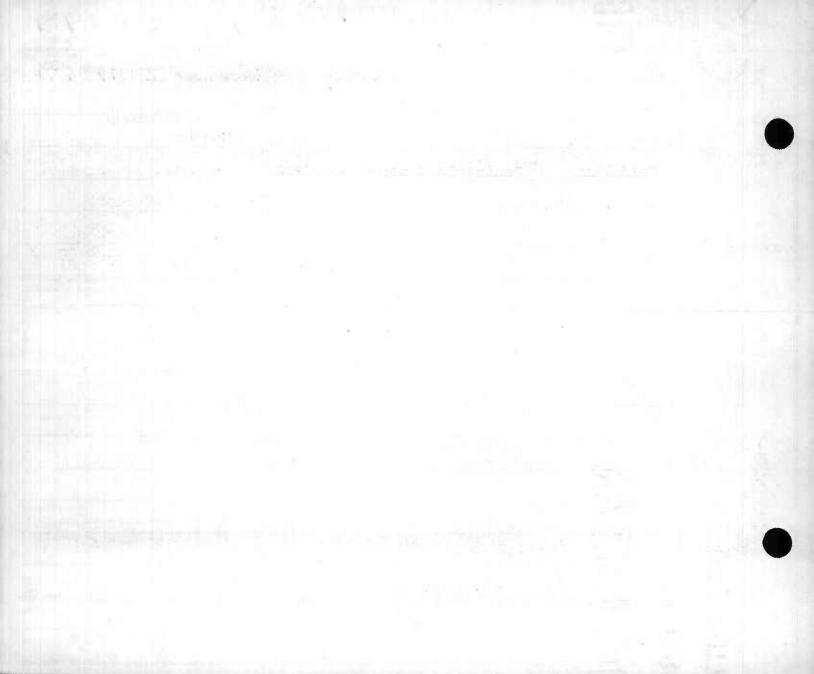
2 1-2-1-



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH-16 20M (VRA 15, 4) 7/78



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Color of the last of the last

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

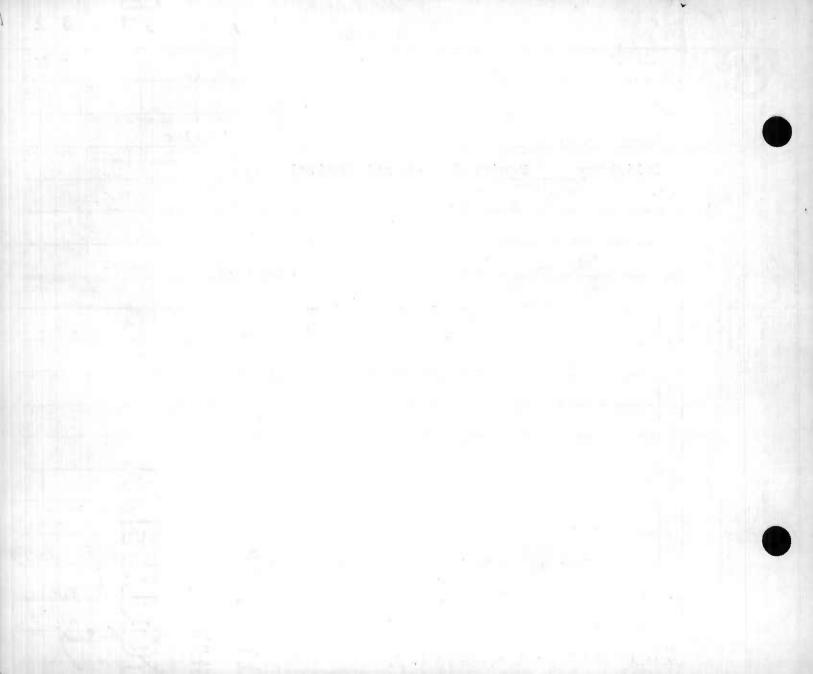
REG. NO

FOR

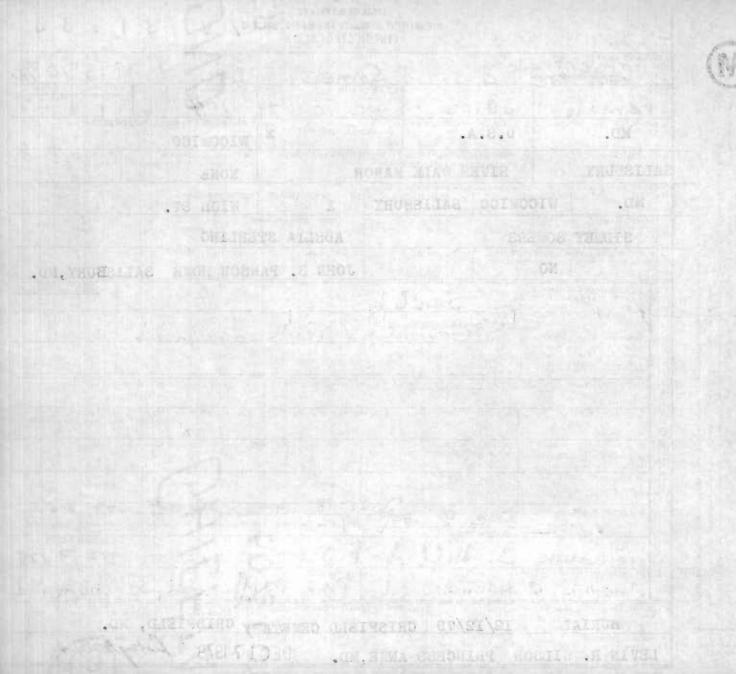
- STATE

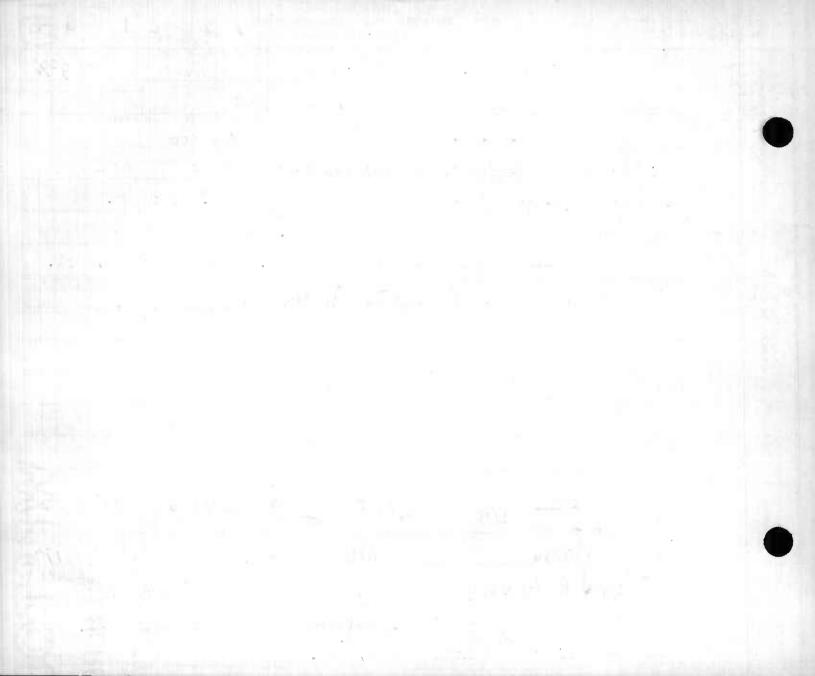
REGISTRAR

THE REPORT OF THE PARTY OF			
L QADE DI		, Acc. le	Market of
		380 2110V	ting in a fact
A District of the state of the		and the same	of some
		91	
Printed wanted to the State of			
			n severe en
	in in its		Bregi vedes j



				STAT	E OF MARYLAND				
145	1	FOR STATE REGISTRAR		CERTIF	IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	3 1	9 8	3
		CEASED NAME : FRST	ide E MIDOLE	S	mers	20 DATE OF DEATH	9 19	79 /	O S/AM
	3. SE	Female	WHITE	5 DATE C		6 AGE (IN YEARS LAST BIRT	MONT YRS.		FUNDER 24 HRS
Server 35	7a. B	OUNTRAD (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O WICOMICO	R COUNTY OF	DEATH	MD.
90		LISBURY	11. NAME OF HOSPITAL, NURS (IF NOTINGUE FACILITY, GIVESTRE) RIVER WALK			12a USUAL OCCUPATION OF THE STORY OF WORK FOR MOST OF THE STORY OF THE		2b. KIND OF E NDUSTRY	BUSINESS OR
and stop	USU 13a.	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO COMICO SALIS	BURY	YES X NO	13. STREET ADDRESS HIGH ST			
21	14. F.	SIDNEY SOM	ERS LAST		ADELIA ST	ERLING		TAST	
medical		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (15 YES GIV NO	RMED FORCES? (E WAR OR DATES)	URITY NO.	JOHN B. PA	ADDRE RSON HOME		SBURY	MD
event, the		PART I. DEATH WAS CAUSE	nly one couse per line to; (o), (b), o ED BY: TE CAUSE (o)	El .				APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
-		Conditions, if any, which	DUE TO, OR AS A CONSEO	13 . 7 3	ed Onten	205 cler	osis		
ather traumatic		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEO	NENCE OF		America .			
injury, ar	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	ITION GIVEN II	N PART 1(0)	
Shows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	G CAUSES OF	S USED F DEATH? NO
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	4	21g. ACCIDENT WAS UNDERLYING C OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TO, PART 1	OR PART 2)	
Lyen of	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	n c	COUNTY	STATE
21 is ma		sow the deceased alive or	view the body after death.	79 0	nd the in (mg) (our) opinion o	death occurred on the do	te and hour and		ot 📢 (we) lost uses stated
IT: If Item		226. SIGNATURE	C. Hill	1.	M. D ATTENDING PHYSICIAN	MEDICAL STAP	f IAN 🗆	12 C	7/79
MPORTANI:		THOMAS	C. HILTR		Pine Bl	of Road	Sali	sbur	J.M.L
≤	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1 1	NAMEOFO	EMETERY OR CREMATORY TELD CEMETER	23 LOCATION CITY OR TOWN CRISFIE	LD, MI		STATE
7		UNERAL DIRECTOR LEVIN R. WILS	ADDRESS		25a. DATE	REC'D. BY REGISTRAR 1 7 1979	25b CGISTRAR	SAIGNATUR	4



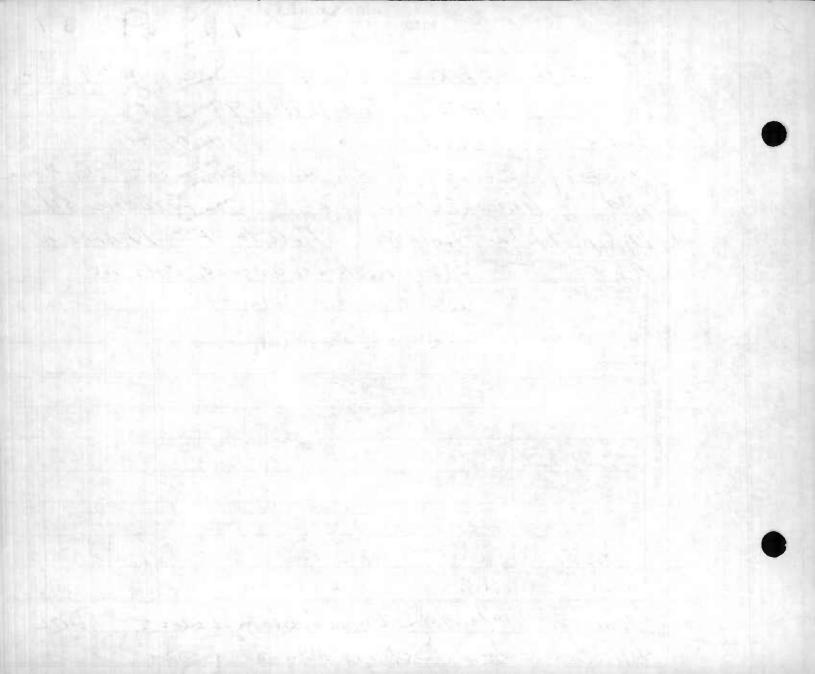


1	1.	STATE REGISTRAR			OL!		ICATE OF DEATH		REG. NO			0 3
		CEASED NAME	FIRST		WIDDLE		LAST	20.			AY YEAR	26 HOUR
1	(1176	ORPRINIT	GEORG	E A		STEWA	RT		DECEM	BER	26,1979	946 A
o offer a	3 SE	× MALE		4 RACE WHIT	E	S. DATE (H DAY YE	AR	AGÉ (IN YEARS LAST BIRTH	IDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
197	C	IRTHPLACE (STATE OR FOUNTRY) SCOTLAND	OREIGN	76 CITIZEN OF		MARRIE WIDOW	D K NEVER MARRIE	D L	Wicomi	COUNTY	OF DEATH	M
180		Salisby	ıry	Penin	sula	Genera	ROTHER INSTITUTION	(TY	USUAL OCCUPATION OF WORK FOR MOST OF MECHANIC		126 KIND C INDUSTRY	F BUSINESS OF
ed says	M	AL RESIDENCE (IF NUR STATE ARYLAND		OTHER INSTITUTION NTY OMICO	GIVE RESIDENCE 13t CITY OR DE LM		13d INSIDECITY LIM		STREET ADDRESS RT. 3 BOX	22		
200		ATKINS		MIDDLE		WART	15 MOTHER'S MAID BERTH		MIDDLE		UNKÑ	
s. Poges medico		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		9-5227	EVA L. ST	CEWART	Rt. 3 B		LMAR, M	
paper novol. ent, the		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE	D BY	line far (o), (bi, and ic	ne	1. reg 2 1. reg	ia vigui	ton	0.000	ONSET AND DEATH
ave carban ation, ar rer raumotic ev		conditions, if ony			R AS A CONS	SEQUENCE OF	- vase	la	an	olen	+ 2	wk
lease remotel, cremoter to		cause (a), stati underlying cous	ng the e lost	(c) 6	a their	SEQUENCE OF	white cord	iphu	scular +	lan de		in thom
Then por to bur	NOI	PART 2 OTHER SIG	rere	Aulm	ONTRIBUTING	G TO DEATH BUT	Not related to the	etermina	L DISEASE OR COND		Little	
nu Z	CERTIFICATION	190 DATE OF OPERA	MOIT	19b COND	ITION FOR W	HICH OPERATIC	N WAS PERFORMED	,	200 AUTOPSY?	IN CERTIFY YES	, WERE FINDING CAUSES	
riol-tronsit		21a. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	SILI		H DAY YEAR	21c. HOW INJURY C	OCCURRED	ENTER NATURE OF INJURY	Y IN ITEM 18, PA	RT 1 OR PART 2)	
s the bu	MEDICAL	21d INJURY OCCUR	HILE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
d for use o . of Healt n 21 is mo		220.1 certify that (I saw the decease obave, (I) (we) (ed alive on	110.	25	_/_	nd that in (my) (aur) a	7 8 , ipinian deat	ta <u>Pec.e.</u> h accurred an the do	te ond haur	* /	that (1) (we) los causes stoted
detochec tote Dept		22b. SIGNATURE	liai	AM	orgel	, mp	DEGREE ATTEND PHYSIC		AEDICAL STAF		Dec Date	26,19
should be den with the Stote		22d. PHYSICIAN'S N	AME (TYPE O	T.NAG	EL,	mp	220 ABORESS Penins	1	Gen Hos	PI	52/156	bury me
- 5 5 4	23a (BURIAL, CREMATION	, REMOVAL				EMETERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	24 5	BURIAL UNERAL DIRECTOR		12-31	79		JDON PARK	Sn DATE PE	BALTIMORE C'D. BY REGISTRAR			RYLAND
50M 1/76 5 (4))		NAME	TNEDAT	HOME	TNC	:55		DEC 2	2 8 1979	King	y Mel	ready
		UBBARD FI	OMERAI	HOPE,	TIAC.	HTO/ MT	TIVETHO TAVE	DEUA	0 1010	-		

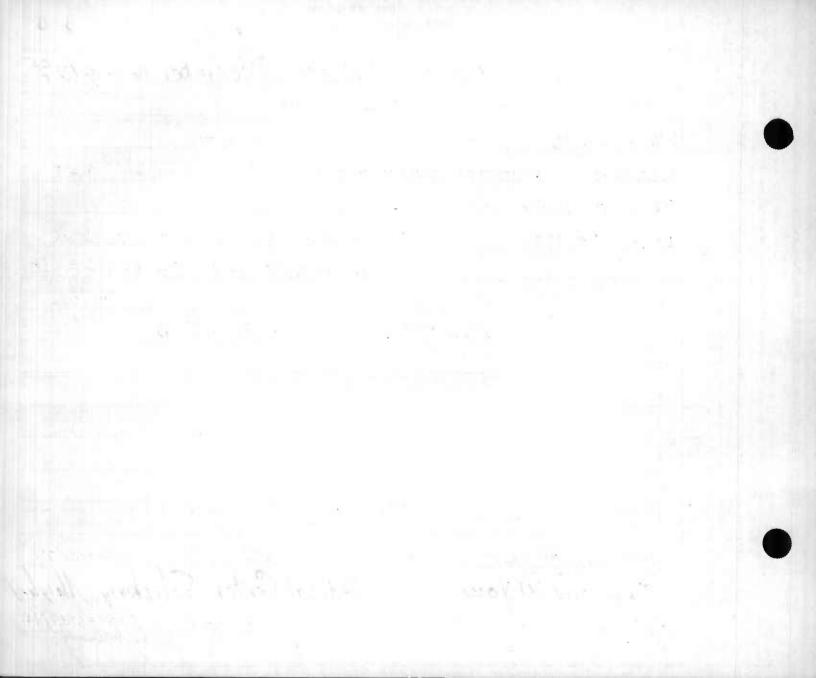
Salisburg Veniceula Conoral Coppital

3			DEPAR	TMENT OF	HEALTH	AND MENTAL	HYGIENE	(3	-9 1	0 0	4
1-			MEDICAL	LEXAMIN	ER'S C	ERTIFICATE	OF DEATH	REG	No.	9 0	0
		ST .	MIDDLE		l.	AST		ATE KNOWN	1 X MONTH		26 HOUR
(111	SAM	UEL	C.	S	PEWAR	T	DE	ATH MATED	□ 12	-26-79	12:2
		5 DATE OF		6 AGE IN YE	ARS IF UNE	11 01 10 4		DATE	MONTH	DAY YEAR	24 HOUR
M	ale AA	8	30 1895	84 v	RS. MONTHS	DAYS	MIN. PRON	DEAD	12-2	6-79,	III M
Za. B	RTHPLACE (STATE OR			JNTRY?	8. MARRIE	D A NEVER MAR	RIED 9. BA	LTIMORE CIT	Y OR COUN	TY OF DEATH	
	Mryland	U	.S.A.			I .	CED [Wicom:	ico		MD
1		II. NAME	OF HOSPITAL, N	URSING HOME	, OR OTHE	R INSTITUTION	12a. USUAL O	CCUPATION	TYPE OF WORK	12b. KIND OF B	USINESS
						pital.					
13a. S	L RESIDENCE (IF IN NURSING HOTATE	OME OR OTHER INSTIT	UTION, GIVE RESIDEN	TYORJOWN	(00)	3d INSIDE CITY LIMITS?	13e STREET AL	DDRESS			
		comico	Sal	.1sbur	y	YES NO			st.		
14. F/	FIRST	MIDDLE		LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
	George		Ste	ewart		Magg	ie	20.00		Horsey	
16a \	ES, NO, OR UNKNOWN) (IF YES,	. ARMED FORCE	S? 166. SC	OCIAL SECURIT							
					578	Margeret	Trader	Sali	sbury	, Maryla	ind
	18. CAUSE OF DEATH (Ente	er only one couse	per line for (o), ((b), ond (c).)	77. 2	2				APPROXIMA BETWEEN ONS	TE INTERVAL
		DIATE CAUSE ()			Lus				MITHIA	res
>	888					hin				4	
	gove rise to immed	liote) (b				urb				uay:	3
	lying couse lost.	DUE	TO, OR AS A CC	ONSEQUENCE (OF						
	BART 2 OTHER CICHIEICANT CONDIT	(c)								
z	TAKE Z OTHER SIGNIFICANT CONUIT	TORS CONTRIBUTING	IO OFAIN BUT NOT KE	LATEU TO THE TERM	INAL GISEASE	DR CONDITION GIVEN IN P	ART 1 (a)				
ATIO	19a. DATE OF OPERATION	1196	CONDITION FO	R WHICH OPER	ATION WA	S PERFORMED?	-			Tan ALITORS	(2
FFC											NO X
E		Š 21b.	TIME OF INJURY		21c. HO	W INJURY OCCURR	RED LENTER NATURE	OF INJURY IN ITER	A 18 PART I OR P		NO ES
	UNDERLYING OR	OF DEATH	UR A.M. MONT	H DAY YEAR	Fe						
DIG	21d INJURY OCCURRED	21e	PLACE OF INJUR	RY INTHOME,	21f. LOC	ATION					
2	WHILE NOT WHILE	TO ST	own hom	10	1012	Lake S	t. Sa	Lisbur	ev. W	ic. Me	d. STATE
				- Direction							
rest.									and in my o	pinion	
	death resulted from:	Notwee couses L	,Acciden	i (A), Su	icide,		Undetermine	ed manner _	_,		
	ACTUAL	1.6	/		74		V		DATE	12-2	7-79
		1	V		Mil						
er .	(TYPE OR PRINT)	arl L.	Royer,	M.D.	A	DDRESS 409	Camden	Ave.	, Sal	isbury	, Md.
23a. B	Intelligence of the second	AL 236 DATE	230	. NAME OF CE			23d. LOCATIO	ON		ALIEV .	
- (:	Burial	12-31-									rland
24. F	JNERAL DIRECTOR	12	9 Seco	nd St							
C	inton Stews	art, Sa	lisbur	y, Md.			JAN 8	1980	feet	my Mally	andy
	1. DEI (TYP 3. SEX MEDICAL CERTIFICATION 10. C.I. 160. V. 17 114. EA 124. EI 124. EI 124. EI 124. EI 125. EI 126. EI 126. EI 127. EI 127. EI 128. EI 128. EI 129. EI 1	3. SEX Male AA 2. BIRTHPLACE (STATE OR FOREION CONTRY) and 10. CITY OR TOWN OF DEATH Salisbury USUAL RESIDENCE (IF IN NURSING HI 13a. STATE Md. 14. FATHER'S NAME FIRST GEORGE 16a. WAS DECEASED EVER IN U.S. (YES, NO, OR ONKNOWN) 18. CAUSE OF DEATH (Entry PART I DEATH WAS CA Conditions, if ony, we gove rise to immediate to i	1- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX Male AA 4. FACE Male AA 4. FACE Month Mryland 10. CITY OR TOWN OF DEATH Salisbury USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION) 130. STATE Md. 141. FATHER'S NAME FIRST MIDDLE 150. CITY OR TOWN OF DEATH 112. NAME (IF NOT IN) WICOMICO 144. FATHER'S NAME FIRST MIDDLE 150. SANDECEASED EVER IN U.S. ARMED FORCE (YES, NO. OR UNKNOWN) 151. CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF CONDITIONS (ONTRIBUTING) 150. DATE OF OPERATION 150. DATE OPERAT	THE RESITAR INDECE RESIDENCE PRINT MIDDLE SAMUEL C. S	The Correction of the property	TSTATE REGISTRAR MEDICAL EXAMINER'S CI 1. DECEASED NAME (I'ME OR PRINT) SAMUEL C. STEWAR 3. SEX MALO AA SAMUEL C. STEWAR SAMUEL SAMUE	STATE REDISTRAR MEDICAL EXAMINER'S CERTIFICATE	STATE REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	STATE REGISTARE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTARE DECEASED NAME PROPERTY SAMUEL C. STEWART DEATH AND DECEASED NAME PROPERTY SAMUEL C. STEWART DEATH AND DECEASED NAME PROPERTY DECEASED NAME PROPERTY DEATH AND DECEASED NAME DECEASE DECEASE DECEASED NAME DECEASE DECEASE DECEASED NAME DECEASE DECEASED NAME DECEASE DECEASED NAME DECEASE DECEASED NAME DECEASED NAME	STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.	STATE RECORDERANE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

Terms (1.4 storm fermon allening) southly in the most score in the contract of the contr building a second and the second seco A CONTRACTOR OF THE PARTY OF TH The state of the street, and the state of th . cord on the first of the boson .om v.oig, with late... He could stor the continuous at X X X 1-10-E2-010 THE PARTY WHEN THE PARTY OF THE I contribute a second of the latest



	1 -	FOR STATE REGISTRAR		EALTH AND MENTAL HYGI	IENE 7 9	3	19	8 8
	DEC TYPE (EASED NAME FIRST	Hilbert ST	tuller	December 1	MONTH DA	1979	13 25
		MALE	WHITE SONE		6 AGE JIN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
33		THPLACE ISTATE OR FOREIGN THOMPS	CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED D	WTCOMTCO	OR COUNTY	OF DEATH	
80	CA	T.TCRIIDV I	1. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PENINSULA GENERAL		12a USUAL OCCUPAT		126. KIND O INDUSTRY	F BUSINESS O
55	HE	RYLAND WOR		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS		_	
30	U	DAN SAMUE	STULLER	ANNIE E	MIDDLE	TH	NEL	SON
2		AS DECEASED EVER IN U.S. ARM S, NO OR UNKNOWN) (IF YES, GIVE V		BETTY STE	PHENS	SELB		E DE
		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, it ony, which gove rise to immediate couse (o), storing the underlying couse lost			load Grad	D. Z	210 40	MATE INTERVAL ONSET AND DEATH Stage
	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVE	N IN PART 10	31
2	CERTIFICATION	10 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
0.77		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	JRY IN ITEM 18, PAR	et I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		220.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not) 22b. SIGNATURE	view the body ofter death.	nd that in (my) (out) opinion did	MEDICAL _ STA	FF		
T		Raymond	in You	PHYSICIAN 2 220 ADDRESS Medical (oter S	alisk	24 +4	Maryle
21	Jo BI	JRIAL, CREMATION, REMOVAL SELEY) SERAL DRECTOR 20 1	236. DATE 12-19-79 10.0	EMETERY OR CREMATORY	BISHOPV	L Late W	BRCE	STERIN
W	Z	Fullow Wehr	Voed ADDRESS	DEO	0 0 1070	programmy	17.000	1



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN Th HOUR (TYPE OR PRINT) 12 OF ESTI-NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, DEATH MATED Morris Swimmer 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 11.House 2c. DATE M9N2-2241897 LAST BIRTHDAY) White PRONOUNCED Male DEAD 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED E SEPREMENTE OF FOREIGN COUNTRY) Paland U.S.A. WIDOWED [DIVORCED Wicomico PAGE 5 E FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Peninsula General Hospital Dealer Salisbury Scrap 2, AND 3 TO 3. RETAIN P SHOULD BE AL RECORDS, 띪 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113e STATE ADDRESS NON Township 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE, MD, 212D1 Alleghenv 1505 McFarlan Rd. Pennsylvinia Pittsburg YEST NO [ND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME T. PAGES 1 AND DIVISION OF ALL FIRST MIDDLE MIDDLE Freda Unknown Chaim Coppel Swimmer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 214 PPRESSt., Rt.#1 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Bethel Carroll Ocean Ctiy Md. 21842 162-18-7159 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BURIAL-TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cornary Occlusion Minutes DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL. Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 301 E USED AS A BURI OF HEALTH AND IAL, CREMATION, C AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? BURIAL YES | NOT STATE DEPARTMENT (21201 PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram. Accident Homicide Undetermined monner ral causes TITLE (SPECIFY) DATE 12-22-1979 Deputy MEDICAL EXAMINER 409 Camden Ave., Salisbury, Md. 21801 EXAMINER'S NAME Earl (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Removal 12-24-1979 Kether Torah Cemetery Burial Reserve Townshib, Allegheny, Pa BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Fill Baker Bounds Salisbury, Maryland 21801 **DHMH-17** (VR A15 ME (5)) 15M 7/77

	and the second		22 0
1000		1	e edition of the
	edita geli x		
collect			li 56
5.000		Committee .	
Complete the state of the state			
		With Fig. 1	deli Eld. Vista e
		market by the	to Lost
		suford gravetel	
	MARC ISM		

CUESTAN 28, 1979	No.		
	美洲社会		
oo'nooli , waalisaa			
		Tednoù basif al mani	wards.in?
		. Al lied records	
			natival.
25, 1 199 × z		1 000	z
grastar 2 x 2			
	. SING The	B. It Spenies	

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR WILSON FUNERAL HOME

ADDRESS SALISBURY, MD. SALISBURY .MD

STATE

30 P

DAYS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

22c. DATE SIGNED

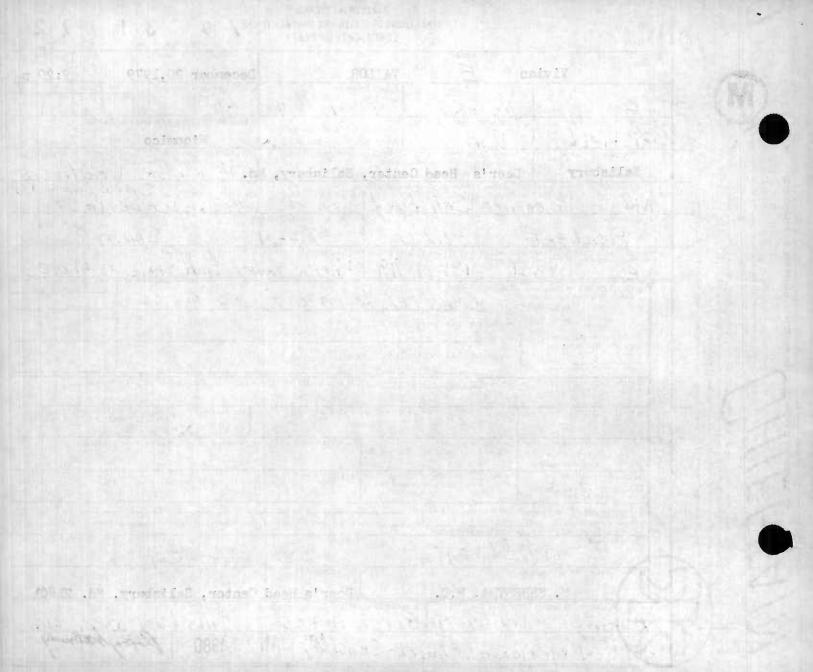
ROY M. TARINA . M. MARAN . M. MOR ELAN TO THE STATE OF THE STATE TARY AND DOLLARS OF THE PROPERTY OF THE PROPER rm. Wrecette Salasaury a Sol war same sava. ALLEY A WATSON SOL PRINT OF LAND OF LA YES TAR IT 918-10-634V WILL I TAYLOR SALISBURY, FAMUL. to the second se 31 HITCHES THE PROPERTY OF SECURITY AND SECURIT CH. THESELLIE SEATH INCHES TOBINITY FOR

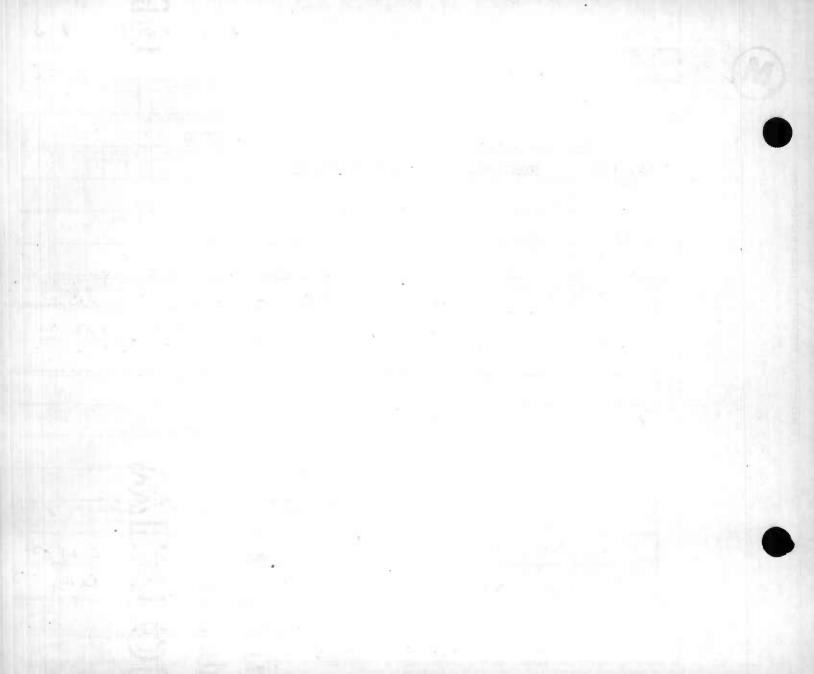
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

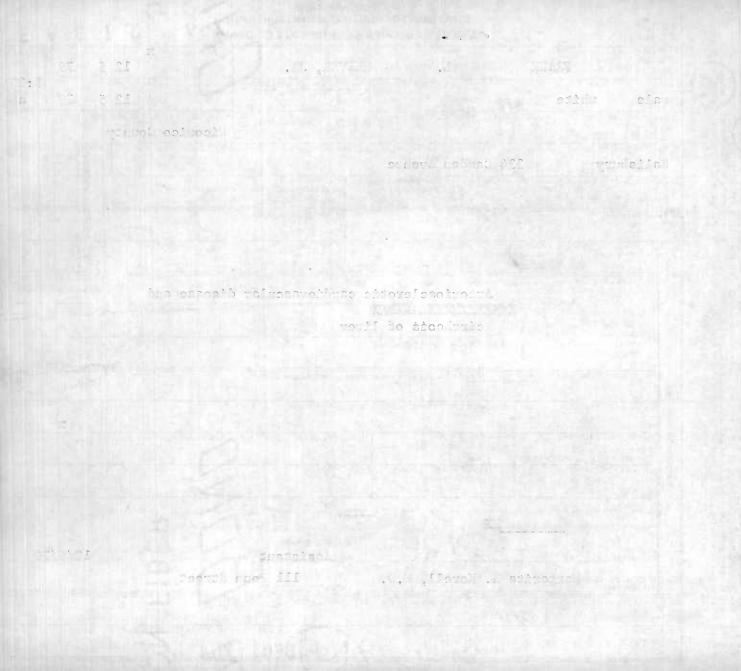
	REGISTRAR		CERTIFICATE OF DEATH	IFICATE OF DEATH REG. NO.									
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	YEAR 26. HOUR								
	Vivi	an E	TAYLOR	December 20,1979	9:20 pm								
3. 5	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER 1 YEAR IF UNDER 24 HRS								
	F	NEGRO	19/14	65 YRS.									
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		OF DEATH								
10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NURSE	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	Wicomico 120 USUAL OCCUPATION	MD.								
1	Salisbury	(IF NOT IN SUCH FACILITY, GIVE STREET Deer's Head C	T ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	176. KIND OF BUSINESS OR INDUSTRY								
US 130	SUAL RESIDENCE (IF NURSING HOME O 10. STATE 13b CQU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 13 CITY OR TOY OMICO SALISO		130. STREET ADDRESS SP	LISBURY, Hd.								
2) 14.	FATHER'S NAME HERBERT	MIDDLE ELIKI	15. MOTHER'S MAIDEN N	MIDDLE SMI	14 LAST								
160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTION 137-14	-9191 KAREN TA	ylor (Add, SAME	AS Above)								
CERTIFICATION			DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 206. IF YES, IN CERTIFY!	WERE FINDINGS USED ING CAUSES OF DEATH?								
MEDICAL CERTI	OR CONTRIBUTING TO CALLES OF DE		19 211 LOCATION	YES VOY YES RRED (ENTER HATURE OF INJURY IN ITEM 18, PAR CITY OR TOWN									
		22a.1 certify that (I) (this haspital) attended the deceased from											
		1. Shrestla	DEGREE ATTENDING PHYSICIAN	ATTENDING MEDICAL STAFF									
	22d. PHYSICIAN'S NAME (TYPE) M. S.	HRESTHA, M.D.	??e ADDRESS	Center, Salisbury	Md. 21801								
230	Ba. BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY	23d. LOCATION	OUNTY STATE								
24	FUNERAL DIRECTOR	MORINI CHARLE	PL- SHISLURY JA	TE REC'D. BY REGISTRAR 256. BASISTE.	AR'S And Bridge								

BP DHMH - 16 50M 7/77 (VR A 15 (4))





ET DE LE DE LES ATHRES polycold Id. Monateo code and the second code and the second code A.40 TO ANTICO TO STATE WHY THE THE THE TOTAL TOTAL TOTAL AND CARLES CONTROL OF THE CONTROL OF THE STATE OF THE STA if you -1282 the second of the



/	- 1				STATI	OF MARYLAND				
		1 -	FOR STATE REGISTRAR	D		EALTH AND MENTAL I	HYGIENE	7 9 REG. NO.	3 1	9 9 6
			CEASED NAME FIRST	MIDDLE		AST	2a. DATE	OF DEATH MON	TH DAY YEAR	2b. HOUR
nay be page 3			Howa	RD	WHAI	RTON		19	1 25 79	2:18 M
a Bo	3	SE)		4 RACE	5 DATE C	F BIRTH DAY YEAR	6 AGE (IP	YEARS LAST BIRTHDAY	MONTHS DAYS	
and		N	19/6	Negro	OC7	12 1899		7	YRS	NOOKS MAR
P 20 0	0-1		RTHPLACE ISTATE OF FOREIGN	Th CITIZEN OF WHAT CO	UNTRY?	NEVER MARRIED			OUNTY OF DEATH	
o Pri	XX		VIVGINIA	U.SA.	WIDOWE	DIVORCED	1 1	UICOMI	120	MD.
be filed wife	90	-	ILS BURY	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI WICOMICO	IVE STREET ADDRESS)			LOCCUPATION ORK FOR MOST OF WOR	RKING LIFE) INDUSTRY	OF BUSINESS OR
e a			L RESIDENCE (IF NURSING HOME C TATE 139 COU	R OTHER INSTITUTION, GIVE RESIDEN	ACE BEFORE ADMISSION)		1710			VID CV
filled	XX	1/	YGINIA ACC THER'S NAME	OMACK ACC	OMAC	YES NO NO		T ADDRESS	t-1	
- ~ =	01	4 FA	FIRST UNKNI	MIDDLE I	AST	15. MOTHER'S MAIDEN	AVÍA	WhA	pton "	AST
5 0 - / -		6a. V	AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	1	ADDRESS		
		- 11	NO NORTHANDARI	226	365284	Elgar 114	Gastos	1 -acc	omac.	, ua.
a physician an papers. emoval			18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	ED BY. A. A.	, (b), and (c)	Inome 1	mont	ta 1	ATTION BETWEEN	XIMATE INTERVAL LONSET AND DEATH
		1	1610	TE CAUSE (0)		1 -	, ,	1		
attendin nave carb iation, ar-			Conditions, if any, which	DUE TO, OF 35 A CO	NSEQUENCE OF	tou -	Lett	Brun	Think	
rhe atter remaye c emation,			gave rise to immediate cause 101, stating the	DUE TO, OR AS A CO	NSEQUENCE OF		1			
by Ose Oth	2.5		underlying couse lost.	10 60	LA					
Then pled to burial	1 1	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISE	ASE OR CONDITIO	ON GIVEN IN PART 1	101
been mit Ti prior t		CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AU		. IF YES, WERE FINDI	
per per M	9	IFIC					YES 🗆		YES T	S OF DEATH?
cate ransit Hygie	<u></u>	CERT	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCC				140
burial transit Mental Hygi	(1		OR CONTRIBUTING CAUSE OF DE		ITH DAY YEAR					
	7	MEDICAL	214 INJURY OCCURRED	21R PLACE OF INJURY		211 LOCATION				
After the e os the alth and		¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
			22a.1 certify that (I) (this hasp	nital) attended the deceased	from 12-	27 192	8	12-25	19.79	, that (I) (we) last
- 0 6			saw the deceased alive a		1979 00	d that in (my) (our) opin	on death accur	red on the date o	nd hour and from the	
DIRECT Sched for Dept o			22b. SIGNATURE	or view the body offer debti		EGREE			22c DATE	ESIGNED
			1 Co	21111	relled	ATTENDING	MEDICA	R AFF	114	26/20
FUNERAL ON THE State ORTANT.			224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22R ADDRESS	- C	0		,218
Should be delivered the state with the State			U.C. M	itchel	//	POB 2	378	orli:	sbury,	Md
		23a B	URIAL, CREMATION, REMOVA	236. DATE		METERY OR CREMATO	cm	CATION	COUNTY	STATE
3P			BUVIAI	12-29-79	Meco	MAC	HCC	OMAC-1	ACCOMAC	UA
DHMH-16 20	M	7	NERALDIRECTOR	C 1	M155	16	DAIL DE DE	PRETISINA BE	REGISTRAR'S SIGNA	TURE
(VRA 15, 4) 7/	" Ł	10	42.00	retor - W	comac	· , Uu ·				

The water of morning with and the second of the second o Pages 1 and 2 mg

ave carbon papers. Pages 1

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. Payin the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

PHYSICIAN. The attending physician

ATTENDING

HOSPITAL

0

ned by the hospitol or

1			STATE	OF MARYLAND .							
	1 -	FOR STATE		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	31007					
		REGISTRAR			reg no						
1		CEASED NAME FIRST	MIDDLE	AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR						
M)	4	ENORA ///	AE BOUNDS IN	hile	necemi	Der / 1979 4 BM					
")	3 SEX	×	4 RACE 5 DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHI	MONTHS DAYS HOURS MIN					
-	7	+EMALE	WHITE 1	-30-1890	8/	YRS					
30		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH					
555	10 61	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME O	10.000	Wicomico	MD MD					
10n			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY					
820	_	alisbury AL RESIDENCE I IF NURSING HOME OR		Hospital	HOUSEWIA	E CROW HOME					
72/		STATE 136 COUN	ITY IS CITY OR TOWN	138 INSIDE CITY LIMITS?	130 STREET ADDRESS						
20	10	THERE RAME	omieo Missury	YES NO NO	MF.	-/					
7520		/rest	RIBOLE PLAST	Z+1951/	A - HODIE	Dast =					
lo lo		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO	17 INFORMANT	ADDRES	is s					
medic	{1	YES, NO OR (NKNOWN) (IF YES, GIVE	WAR OR DATES) 212-74-4775	SINAH O	White For	The SAME Be					
it, the		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for 101, 1b and 1c	7/	harren	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
eve			ECAUSE (0) (bulled)	1 acon	xeores	2 da					
natic		4340	DUE TO, OR AS A CONSEQUENCE OF								
room		Conditions, if any, which gave rise to immediate	(b)								
ther		couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF								
0 70			(c)								
lory.	Z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110					
y C	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	DPSY? 206. IF YES, WERE FINDINGS USED					
500	LIFIC				YES O NOO	IN CERTIFYING CAUSES OF DEATH?					
18 she	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR							
E9	AL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR P.M. 19		5.7						
5	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	N COUNTY STATE					
rked	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	SIREET	CITORTOWN	COUNTY					
s mo		220.1 certify that (I) (this hospi	tol) oftended the deceased from	-3 19 79	_, to	19, that (I) (we) lost					
121		sow the deceased alive an above, (1) (we) (did) (did no	1) view the body after death.	d that in (my) (our) opinion	death accurred on the dat	te and hour and from the couses stated					
Item 2		226. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED					
±		Welle	B- Elles)	PHYSICIAN [
ORTANT		22d. PHYSICIAN'S NAME (TYPE OF	(PRINT)	22e ADDRESS							
MPO											

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

STATE

24 FUNEBAL DIRECTOR

236 DATE

Jours

230. BURIAL, GREMATION, REMOVAL

250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

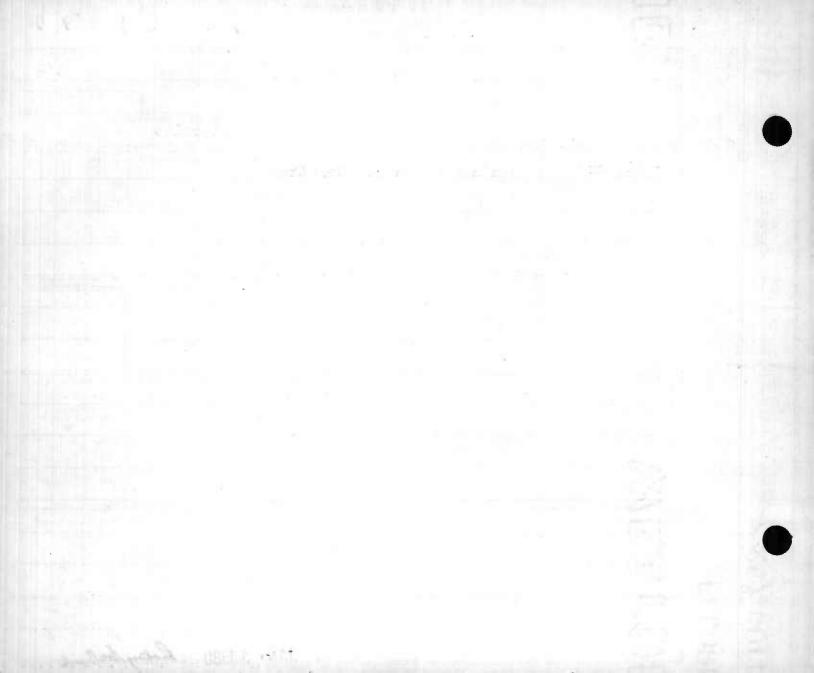
Salisbury Pasicaula Command Densited - vendeile

				STAT	E OF MARYLAND				
- ST	ATE					1 7	3 1	9 9	8
		FIRST.	WIDDLE		AST			YEAR 26 HOL	UR
THEORE		ames	R.	WHI	TEHEAD SR	DECEM	BER 2	1979 8	4 A M
3 SEX		4 R	ACE			& AGE (IN YEARS LAST BIRT			R 24 HW1
ma	le	2 10	white			6		THS DAYS HOURS	MIN
		ign 76 C	ITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED			DEATH	
		200	USA		DIVORCED	Wicomico			MD
10 CITY C	R TOWN OF DEATH				OR OTHER INSTITUTION				ESS OR
Sal	isbury	Per	ninsula	General	Hospital				an
	ESIDENCE IF NURSING	HOME OR OTHE			1134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
Mar					YES X NO		cond S	Street	238
14 FATHE	R S NAME	WIDDI	E	tAST	15 MOTHER'S MAIDEN NAM		Can Fis	LAST	34.10
	Walter				Maude		Ric	hardson	
				IAL SECURITY NO.	17 INFORMANT	ADDRE 100	2.2		et
(1.00)	no		214	-12-5758	Viola Whit	ehead Poc	omoke	City. M	d.
18	CAUSE OF DEATH	Enter only or	ne cause per line to		.1 /			APPROXIMATE INTE	RVAL
			1 // /	ncer-of	the Lung			6 mon	itho
	1629		DUE TO, OR AS A CO	ONSEQUENCE OF					
C	onditions, if any, w	hich ((b)						
CO	use ia, stating	the 1	DUE TO, OR AS A CO	ONSEQUENCE OF					
ur	derlying cause	lost	(c)						
	RT 2 OTHER SIGNIFI	ICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1101	
10 100	DATE OF OPERATIO	INI I	IBL CONDITION FO	P WHICH OBERATIO	NI MAC DEDECIDANED	ZOn ALITOPSY2	120h IF YES W	ERE EINIDINGS LISE	
5	DATE OF OFERATIO		178 CONDITION TO	WHICH OFERATIO	WASTERIORMED		IN CERTIFYIN	G CAUSES OF DEA	TH?
210	ACCIDENT WAS LINDER	YING []	216 TIME OF INTURY		Tale HOW IN HIRY OCCURR	1			
00	CONTRIBUTING CAU	SE OF DEATH			THE HOW INSORT OCCORN	ED (ENTER NATIONE OF INJOR	TIN IILM IB. PART	OR PART 2)	
<u>S</u>			P.M.		211 LOCATION				
W WE					STREET	CITY OR TOW	N	COUNTY S	TATE
	TORK AT WORK		0 1 1 1 1 2	11 Augus	79	1000000	60~7 10	79 1.00	
720				d from	. 17				
221		(and not) vie	w the book-sites dea			,			
	112	-	2		ATTENDING	MEDICAL STAF	F		9
914	MUSCIANTENAM	100	7			DIRECTOR PHYSIC	IAN []	12-21	/
100		19	to		PGHM P	C1. 1	/	1/21/2/201	1
	112000		11001	1	H.O.L.	20115101	iry n	ice ryly no	/
230. BURI ISPECI	FY)	MOVAL	IB. DATE	A		CITY OR TOWN		71.0	TATE
24 FIINT	Burial		12/4/79	First	Baptist Cem	Pecomok			d.
		n./	Pooom		DEC	5 1979			1
	1 - ST REI I DECEA: I TYPE ORPS 3 SEX 70 BIRTHI 10 CITY C Sal 10 CITY C Sal 130 STAT MAY 14 FATHE 160 WAS (YES, N 18 0 CCC GC GC GC GC GC GC GC GC	3 SEX Male 70 BIRTHPLACE STATE OR FORE COUNTRY) 10 CITY OR TOWN OF DEATH Salisbury ISUAL RESIDENCE IN NURSING 130 STATE Maryland 14 FATHER'S NAME FIRST WAS DECEASED EVER IN (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH PART I. DEATH WAS Conditions, if only, we gove rise to immedicate to immedicate and in the country of the country	1 - STATE REGISTRAR 1 DECEASED NAME ITYPE OR PRINT) James 3 SEX Male 70. BIRTHPLACE STATE OR FOREIGN Virginia 10 CITY OR TOWN OF DEATH 11. Salisbury ISUAL RESIDENCE HE NURSING HOMEOR OTH 130 STATE Walter 160 WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH Enter only or PART I DEATH WAS CAUSED BY IMMEDIATE C. Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last PART 2 OTHER SIGNIFICANT CON 190 DATE OF OPERATION 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HIF EITHER, NOTHY MEDICAL EXAMINER) 210 I CERTIFY THAT IN TORM 210 INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I CERTIFY THAT IN TORM 210. I CERTIFY THAT IN TORM 221. SIGNATURE 230. BURIAL, CREMATION, REMOVAL ISPECIFY BURIAL 24 FUNERAL DIRECTOR	I. DECEASED NAME FIRST MIDDLE JAMES R. 3 SEX Male White 76 BIRTHPLACE STATE OR FOREIGN COUNTRY) Virginia USA 10 CHY OR TOWN OF DEATH Salisbury Peninsula IISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, OWE RESIDE 130 STATE Walter Module White Walter Module White Walter Walter Module White 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CO Conditions, if any, which gove rise to immediate couse in stating the underlying cause lost Conditions, if any, which gove rise to immediate couse in stating the underlying cause lost VEL TO, OR AS A CO (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUT PART 4 MORE MAD ALL WORK 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ATWORK ALL WORK 220.1 certify that (1) this Manustral, oftended the decease and that MORE 220.1 certify that (1) this Manustral, oftended the decease and that MORE 220.1 certify that (1) this Manustral, oftended the decease and that MORE 230. BURIAL, CREMATION, REMOVAL ISPECIAL BURIAL 24 FUNERAL DIRECTOR	TO CERTIFE REGISTRAR 1. DECEASED NAME PROST JAMES R. JAMES R.	The State REGISTAR CERTIFICATE OF DEATH I DECEASED NAME PAST MADDIE LAST James R. White Aug. 25, 1911 James Aug. 25, 1911 J	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH LOBECASED NAME LITTLE CARRENT) James R. JATE OF BRITH JAMES JAMES JAMES R. JATE OF BRITH JAMES JAM	DEPARTMENT OF HALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH TO DATE OF DEATH AND THE CERTIFICATE OF DEATH TO DATE OF DEATH AND THE CERTIFICATE OF DEATH TO DATE OF DEATH AND THE CERTIFICATE OF DEATH TO DATE OF DATE TO DA	1- STATE SEGINAR SE

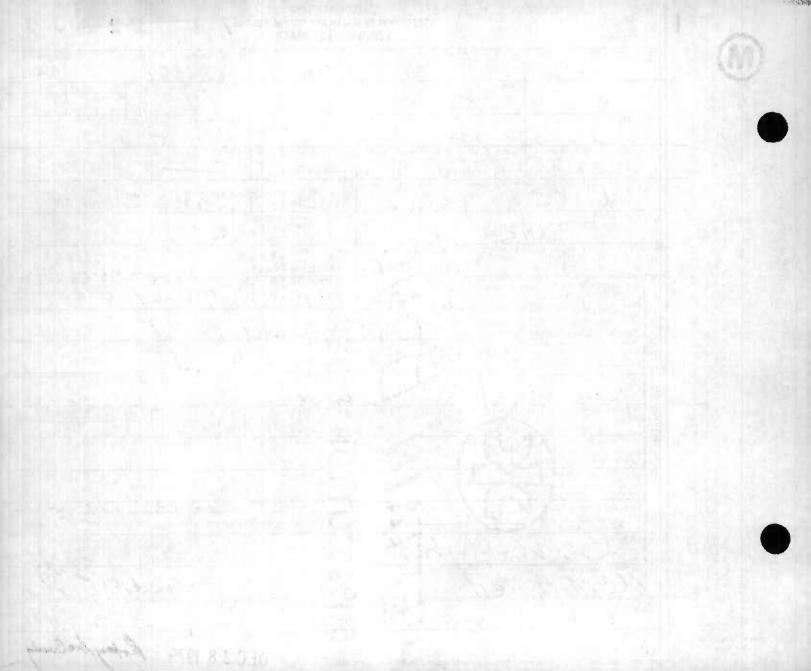
believed being deneral Hospital Interest afrancial guidaliss the state of the same of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



3	1	STATE REGISTRAR	DEPAK	CERTIFICATE OF DEATH	REG. NO	3 2 U	UU
M)	1. DE	CEASED NAME FIRST	WIDDLE	Williams	20 DATE OF DEATH	MONTH DAY YEAR	145 P
ecter, po	3. SE	×	A A	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
of oce.		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
filed within	10 0	SOLUTION OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OF
should be the remost be	13a	ALRESIDENCE IN HURSING HOME OF STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	WN IS INSIDE CITY LIMITS?	13e. STREET DOORESS,	5-1 fr. R.	
Sond 2	14 F.	ATHER'S NAME FIRST	AIDDIE LAST	15 MOTHER'S MAIDEN N	AME MIDDIE	ĮA:	ST
S. Poges 1		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC 236 ~ 22	- 6462 Wice. Na	KSing Hymr	Snith Stri	Est, md.
physicic onpopers emovol.			nly one couse per line for (o), (b), o ED BY: .TE CAUSE (o)	hero Vasan	la Auna	APPROX. BETWEEN	ONSET AND DEATH
ottending nove corbo otion, or re troumotic e		436 - Conditions, if ony, which	DUE TO, OR AS A CONSEON	JENGE OF Amount	ntur, Ly	et l	
by the ose rem		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS CONSEON	JENCEPE aunut	the Rt	_	
n signed Then ple r to burio injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONE	DITION GIVEN IN PART 1	01
Hygiene prior 18 shows ony in	CERTIFICATION	190 DATE OF OPERATION	8 196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDII IN CERTIFYING CAUSES YES	NGS USED S OF DEATH?
buriol-trons Mental Hyg r them 18 sh		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OE. (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
os the but th ond Me orked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	n county	STATE
TOR: Af for use o of Heolth 21 is mo		sow the deceased alive an	ital) attended the deceased from	9-77, 19.72 29, and that in (my) (our) apinio	n death occurred on the do	3 19 79 ite and hour and from the	that (I) (we) los
ERAL DIREC e detoched Stote Dept.		22b. SIGNATURE	ot view the body after death.	DEGREE ATTENDING	MEDICAL STAF	F /2	SIGNED /
FUN old b		22d PHYSICIAN'S NAME (TYPE O	DR PRINT)	220 ADDRESS PUB 227	& Sale	shull	154
should b	23a. (BURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 136.	MAME OF CEMETERY OF CREMATORY	23d LOCATION Elly or town	- COUNTY	Md.
50M 1/76 5 (4))	24. F	NERAL DIRECTOR	AODRE		ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNAT	
	-		4/1		150 40 1313		-





nding physicion ond campletely filled in by the funeral director carbonpopers. Pages 1 and 2 shauld be filed within 72 hours af

n signed by the ottending physicion Then please remove carbon papers. P

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please emove carbon poper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remayal.

ATTENDING PHYSICIAN: The

etained by the hospital or attendi

MAPORTANT: If Hem 21 is marked or Item 18 shows any i

injury, or ather troumatic event, the medical exominer must be notified at ance.

	TA	TP	AP.		DV	/1 a	ALD
,	ΙД	11	UP.	MA	KI	w	ИD

	1 -	STATE REGISTRAR		DEPA		FICATE OF DEATH	REG. N	320	0 2
		CEASED NAME FIRST OWA		MIDDLE	W	· 1//1'S		MONTH DAY YEAR 12-5-79	26 HOUR 9:10am
3	SEX	Male	4 RACE Whi	te	5 DATE		6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR MONTHS DAY!	
70	. BIR	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTR	RY? 8.	D NEVER MARRIED	BALTIMORE CITY O	OR COUNTY OF DEATH	MC
10		SALISBURY	(IF NOT IN SUC	HOSPITAL, NUR CHEACILITY, GIVE STE HEAD C	SING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		OF BUSINESS OR
1	30. 5	L RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION NTY MIDDLE	GIVE RESIDENCE BE	OWN	134 INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	ME .	dcrest Ave.	
16		'AS DECEASED EVER IN U.S. A		16b SOCIAL SE	CURITY NO. 4-9168	FIRST 17 INFORMANT	ADDRE		AST
	,	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	CONDITIONS CO		O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(01
TOTA OFFICE	IFICALION	renal i'u	196 COND			I 'S UP I' CL	200 AUTOPSY? YES NO NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	PINGS USED ES OF DEATH?
AMEDICAL CER	EULAL	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A. P. 21e PLACE	M. MONTH M.	19	21c HOW INJURY OCCUR 21f. LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
		220.1 certify that A (this hasp saw the deceased alive or above 2 (we) (did) 222 SIGNATURE	Dec. (79 , 0	nd that in (🝑) (our) opinion DEGREE	to Dec. 0 death occurred on the do MEDICAL STAI DIRECTOR PHYSIC	ote and hour and from th	that X (we) loss to causes stated
		22d PHYSICIAN'S NAME (TYPE OF Nancy W. Tus	tin, M.I).		22e ADDRESS P.O. Box 201	8. Salishur		5 //
	(54	URIAL, CREMATION, REMOVAL REMOVAL NERAL DIRECTOR	23b. DATE 12/10/		It. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		atomy Board	I	ADDRESS Balto.,	Md.	DEC	4070	25k-REGISTRAR'S PIG 14	Sales A

Balto., Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

to Simon I rek COLUMN THE PARTY OF THE PARTY O SATISFIELD AND STREET PORTS . Del grande de la company de la compa

								E OF MA							
10			FOR STATE							TAL HYGIEN	- 1	>	7 0	0 1	2. (
100			REGISTRAR		WE		XAMIN	EK 2 CEI	KIIFICA	TE OF DE		REG. NO	0 4	0 1	, 0
	# & W & H		CEASED NAM		DMUND	R.		WRIC	HT,	JR.	20. DATE OF DEATH	ESTI- MATED	12-	15-79	1:25A
	DIRECTO DURECTO OUD FILE 72 HOU ON SREE	3. SE)	ale	4. RACE White	5. DATE OF BIRTH	YEAR	LAST BIRTHDA	RS IF UNDE		UNDER 24 HRS.	2c. DATE		MONTH	DAY YEAR	2d. HOUR
	AL DI YOU TON		RTHPLACE (S		9 15			S.		-	DEAD	ORE CITY OF	COUNTY	19	M
	S NECESSARY, P FUNERAL DIRE S FOR YOUR D. WITHIN 72 W. PRESTON S	il	ASHIA	IGTON PC	U	S,A.		WIDOWED		MARRIED		icomi	co	335	MD.
	AND THE STATE OF T	10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112).										OR INDUST	RY		
21201	D = 0 %	13a. S	TATE DE	(IF IN NURSING HOME O	ROTHER INSTITUTION, G	IVE RESIDENCE B	DR TOWN _	134	. INSIDE CITY LI		REET ADDRE	sand .	Ave.		
MD.	NO STH.	-	ATHER'S NAMI	. 0	MIDDLE 11112	IGHT	157	15.	FIRST	MAIDEN NAM	- "	DOLE	- 1/	WII	dsor
ORE,		16a. V	VAS DECEASE	DEVER IN U.S. ARA	AED FORCES?	16b. SOCI		MO. / 17.	INFORMAN	PHIN	F 11	ELL E	7		n.
BALTIMORE,	URS AFTER DI 8. GIVE PAGE WITH FORM PAGES 1 A DIVISION OF	(Y	ES, NO, OR UNKNO	OWN) (IF YES, GIVE V	WAR OR DATES)	579-	10-	101	DOROT		, WA	right	SE	LBYUZA	
ST.,	HOU A 18 VE. T.		PART I DE	OF DEATH (Enter only EATH WAS CAUSED IMMEDIAT	y one couse per line BY: E CAUSE (o)			Occli	usion				H.	APPROXIMATE BETWEEN ONSE	AND DEATH
PRESTON	IN IEM 1 IN IEM 1 R ALONG SIT PERMI HYGIENE,		410	ns, if ony, which		R AS A CONS	EQUENCE)F	- 55-2,				77		
W. PRE	TED WITHIN PER VEXAMINER VEXAMINER VEXAMINER VEXAMINER VEXAMINER VEXAMINER VEXAMINER VEXAMINER PREMOVA		gove ri	se to immediate) stating the under-	(b)	R AS A CONS	EQUENCE (\E					1111		
301 V	CUTED IN PE EXA/ JRIAL- JD MEI I, OR R		lying cou		(c)_	CAS A CONS	EQUENCE				23.0				
		N N	PART 2 OTHER SI	GNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATE	O TO THE TERM	NAL DISEASE OR	CONDITION GIVE	EN IN PART 1 (o).					
1 REC	HEF WED VOICE VOIC	CATI	190. DATE OF	OPERATION	19b. CONDI	ITION FOR W	HICH OPER	ATION WAS	PERFORMED)?				20. AUTOPSY	-
VITA	ATE SHOUN WORD "P WORD "P THE CHIEF	RTIF												YES 🗆	NO 🍱
DIVISION OF VITAL RECORDS,	CERTIFICATE SI TING THE WOR DED TO THE E 3 SHOULD BE DEPARTMENT PRIOR TO BURING	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D		M. MONTH	DAY YEAR	21c. HOW	INJURY OC	CURRED (ENTER	R NATURE OF INJ	URY IN ITEM 18 PA	ART I OR PART	2)	
DIVISI	E. WRITING 1 E. WRITING 1 RWARDED TO PAGE 3 SHC STATE DEPAR 21201 PRIOR	MEDI	21d. INJURY C WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY CTORY, FARM, ETC	(AT HOME,	21f. LOCAT STREE			CITY OR TOV	VN	COUN	TY	STATE
	S = 0 = 2		220. I certi	fy that I took charge		Г		Autopsy	-	spection X,	Inquiry		in my opin	ion	
	L EXAMINEI E CERTIFICA OULD BE FO L DIRECTOR H, WITH THE MARYLAND,		deoth result	ed from: Nature	ol couses X	Accident L	J. Sui	cide	Homicide TITLE (SPEC	IFY)	etermined ma	nner,			
	ICAL INE SHOULERAL RE, M.		SIGNATURE	/pr	1 mg	2/		M.D.	Depu	ty MED	DICAL EXAM	INER	DATE SIGNED	12-17	7-79
	TO MEDICAL EX EXECUTE THE CE PAGE 4 SHOULI TO FUNERAL DI AFTER DEATH, W BALTIMORE, MAR		EXAMINER'S (TYPE OR PRI	NT) Lari	L. Roy	1			DRESS 40			ve.,	Sali	sbury,	Md.
	Bb RE BE	23o. B	URIAL, CREMA	TION, REMOVAL 23	12-1899	23c. NA	1. O.C	ETERY OR CI	REMATORY	23d. LO	OCATION YORTOWN SHOP	UILLE	WOR	CESTER	ATE M.D.
	DHMH - 17 (VR A15 ME (5))		NERAL DIRECT	Ich	er What	rale	7		25a.	DATE REC'D. B	-	R 25b. REGIS			6 :
	30M 7/73	Wa	tson &	Whaley	, Selby	VILLE	, De			DEC 2	U 13/3		/		

PT-12-21 The second of the sec the state of the s REPORT OF THE PARTY OF THE PART The thoration was a pount to a A. W. Staylor . J. Dus. . Market Broken Broken Berger